



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

Issued by the Chief Inspector

Name of designated centre:	Meadowbank Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	15 November 2022
Centre ID:	OSV-0004863
Fieldwork ID:	MON-0036524

About the designated centre

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

Meadowbank Services provides residential respite services for up to five adults of mixed gender with varying levels of intellectual and physical disability, but cannot accommodate people with complex physical needs. The centre is a two-storey house with a garden on the outskirts of a rural town. There is one wheelchair accessible bedroom on the ground floor of the centre. Residents at Meadowbank Services are supported by a staff team which includes a social care leader, social care workers and care assistants. Staff are based in the centre when residents are present and a staff member sleeps in the centre at night to support residents. In addition, the provider has arrangements in place to provide management support to staff outside of office hours and at weekends.

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 15 November 2022	10:00hrs to 16:00hrs	Mary Costelloe	Lead
Tuesday 15 November 2022	10:00hrs to 16:00hrs	Eilish Browne	Support

What residents told us and what inspectors observed

This inspection was completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the *National Standards for infection prevention and control in community services* (HIQA, 2018).

The inspection was unannounced. The inspectors met and spoke with the person in charge, staff members including the team leader and also met with four residents who were availing of respite services in the centre.

On the morning of the inspection, there were no staff available in the centre as there had been no residents availing of the service on the previous evening. The inspectors contacted the person in charge who visited the centre and facilitated the inspection. The inspectors observed the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering. The person in charge confirmed that there were no staff or residents with signs or symptoms of COVID-19 or any other active infections in the centre and that residents due to be accommodated on the evening of inspection had no known infection risks.

Meadowbank services provides a respite service and is registered to accommodate up to five residents. Twenty residents receive respite on a planned and recurrent basis, with each resident having their own bedroom for the duration of their stay. The length of stay is typically for two nights with each resident availing of up to eight nights per month. There are normally up to four residents accommodated per night. Residents are supported to attend their day services during the day time while availing of respite services. They usually arrive in the centre in the late afternoon and leave again in the morning to attend their respective day service.

The centre is a large two-storey detached, bright and comfortable dwelling located in a quiet residential area on the outskirts of a large rural town. There are five bedrooms available to accommodate residents and one bedroom is used by staff as an office and or bedroom. There is adequate personal storage space provided in each bedroom. One bedroom has en-suite toilet and shower facilities. Two further bathrooms are provided on the first floor which were shared by residents. A separate toilet is located on the ground floor. There is a large bright kitchen and a separate dining and living room. A separate utility room was equipped with laundry and cleaning equipment. Residents had access to a large well maintained garden area to the rear of the house. The garden area was provided with a variety of plants and shrubs, walkways and paved areas.

The house was found to be visibly clean, well maintained, comfortable, suitably furnished and decorated in a homely manner. The interior of the house had been repainted and refurbished in the past year. There were lots of photographs of residents enjoying a variety of activities displayed throughout the communal areas of the house. While there were cleaning schedules in place, cleaning records

reviewed were not completed on a regular and consistent basis. Several gaps were noted and records had not been completed during November 2022. There were no cleaning records available for equipment or shower rooms shared by residents. There were no cleaning protocols or records completed to evidence that cleaning of bedrooms was completed between service user stays. The inspectors noted that some personal toiletries, tooth brushes, razors and hair brushes were stored in communal bathrooms. It was not clear to whom these belonged as there were no systems in place to clearly identify these items. This impacted upon residents dignity and was contrary to good infection prevention and control practice.

During the afternoon, inspectors met with four residents when they arrived at the house from their day services. From conversations with staff and residents, observations in the centre and information reviewed during the inspection, it appeared that residents were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices while availing of the respite service.

There was an established staff team employed and staff spoken with were very knowledgeable regarding the individual needs, likes, dislikes and interests of the residents. The inspectors were satisfied that there was adequate staff on duty to meet the support needs of residents. Staff were observed to interact with residents in a caring, respectful and familiar manner. They chatted with one another about their specific interests, upcoming events and family members. Residents spoken with were complimentary of staff stating that they were very kind and supportive.

Residents told inspectors how they enjoyed availing of respite service in the centre. They said they liked the house, the bedrooms and that it was warm and comfortable. They mentioned that they got on well together and looked forward to doing things and to going places that they enjoyed. They stated that they usually made a plan together as to what they would like to eat for dinner and what activities they would like to do. They told inspectors that they would either eat out or get a take away, do some personal shopping and then come back to relax and watch television later that evening. They thanked the inspectors for visiting.

Visiting to the centre was being facilitated in line with national guidance. There were no visiting restrictions in place and there was adequate space for residents to meet with visitors in private if they wished. Staff confirmed that while visitors were welcome, due to the respite nature of the service, visits did not take place on a regular basis. The entrance hall was supplied with a hand sanitising dispenser unit and signage was displayed as a reminder to sanitise hands.

Staff spoken with confirmed that they had received a range of training in relation to infection prevention and control. Staff outlined how infection prevention and control was part of their daily routine in the centre and important in providing safe, effective care and support for residents. Staff generally showed a clear understanding and were seen to implement their knowledge regarding infection, prevention and control protocols in the centre. However, guidance in relation to colour coding of cleaning equipment such as mops and cloths as set out in the infection control policy

and cleaning guidance manual was not being implemented by staff.

Residents spoken with were knowledgeable regarding public health guidelines and spoke about the importance of wearing face coverings and keeping their hands clean. Residents were observed wearing protective face coverings when they arrived by bus at the centre and told the inspector how they continued to wear face coverings and sanitise their hands. They also mentioned how they liked the house as it was always kept clean. There was a range of easy-to-read documents, posters and information regarding COVID-19, infection prevention and control protocols including techniques for hand washing, cough etiquette and social distancing displayed throughout the house which acted as reminders for both staff and residents. Residents were supported to complete training on an on-going basis. One resident told inspectors how they were completing a First Aid course and all residents were due to attend health and safety training the day following the inspection.

The next two sections of the report outline 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 residents lives.

Capacity and capability

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for infection prevention and control in community services* (2018), however, some improvements were required in order to fully comply.

The provider had clear governance arrangements in place to ensure that a good quality and safe service was provided to residents in the centre and also to ensure the delivery of effective infection prevention and control. There was an established management structure in place which set out the lines of accountability. The person in charge had the overall responsibility and accountability for infection prevention control in this centre. They were supported in their role by the team leader and senior management within the organisation. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The provider ensured that the workforce was planned, organised and managed to meet the centres infection and prevention needs. The inspectors found that the staffing levels and mix were in line with the assessed needs of the residents and in line with the statement of purpose. The staff roster reviewed showed there was a regular staff pattern with two staff on duty in the morning, two staff on duty in the evening and one staff on duty overnight. The person in charge told inspectors that the staff team were well established and had supported the residents for some time

which ensured continuity of care from a familiar staff team.

The registered provider had provided ongoing training for staff. Staff training records reviewed showed that all staff had completed a range of training in various aspects of infection prevention and control including the national standards, hand hygiene and putting on and taking off personal protective equipment (PPE). During the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks. A review of the minutes of team meetings showed that various aspects of infection prevention and control were discussed including the prevention and management of COVID-19, outbreak management plans, training and guidance documents and policies.

Staff had access to a range of policies and guidance in relation to infection prevention and control including national guidance. The provider had a comprehensive infection prevention and control policy in place which provided clear guidance to staff in a range of areas including hand hygiene, PPE, environmental hygiene, cleaning of equipment, management of laundry, management of spillages including blood and bodily fluids, management of waste and management of needle stick injuries. Staff had access to a hard copy of these policies as well as the latest and most up-to-date guidance from the HPSC (Health Protection and Surveillance Centre). Staff also had access to a comprehensive cleaning guidance manual which clearly outlined guidance on cleaning and disinfection, colour coding for cleaning systems, kitchen and laundry hygiene, standard precautions and decontamination of equipment. However, the policy and guidance regarding colour coding of cleaning equipment such as mops and cloths was not being implemented by staff.

There was a comprehensive COVID-19 outbreak management plan and contingency response plan in place which had been regularly reviewed and updated. A COVID-19 lead worker was identified with a view to ensuring that agreed infection prevention and control measures in the workplace were kept under regular review and to ensure any issues identified were brought to the attention of the management team. A COVID-19 response committee set up by the provider to provide support, guidance and, case review of specific matters arising in services continued to meet. The management team were aware of the requirement to notify the Chief Inspector of specified events including suspected or confirmed cases of COVID-19, and to date all of the required notifications had been submitted. To date there had been no outbreak of COVID-19 in residents while availing of respite services in the centre.

The provider had systems in place to monitor and review infection prevention and control in the centre. The provider had reflected upon infection prevention and control as part of the annual review of the service and as part of the six monthly unannounced visits. The annual review was completed in consultation with residents and their representatives. Action plans as a result of these reviews had identified some areas for improvement which had been addressed. The COVID-19 lead worker continued to complete monthly reviews to ensure that the agreed infection prevention and control measures were in place. A review of recently completed checklists indicated good compliance with the agreed protocols.

Quality and safety

The provider had good measures in place to ensure that the well-being of respite users was promoted. Residents were supported to live person-centred lives where their rights and choices were respected. The inspector found that the services provided in this centre were person-centred in nature and residents were informed and supported in the prevention and control of health care-associated infections. However, some improvements were required to ensuring that the centres infection prevention and control policy, cleaning and laundry protocols were being fully implemented in order to further enhance infection prevention and control.

Respite users continued to be supported to understand why infection prevention and control precautions were in place. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. The inspectors found that posters promoting hand washing, correct hand washing techniques, cough etiquette, and information on how to protect oneself from COVID-19 were displayed throughout the house as a reminder for staff and residents. Staff spoken with advised that they continued to support and encourage residents implement good infection prevention and control practices. Residents spoken with were knowledgeable regarding public health guidelines and spoke of the importance of wearing face coverings on transport, in some public areas and keeping their hands clean.

Staff spoken with understood the importance of infection prevention and control and had a clear understanding of their roles and responsibilities. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff continued to monitor residents for signs and symptoms of infection including COVID-19 and made contact with respite users and their families to ensure that they were feeling well prior to each stay in the centre.

Residents health, personal and social care needs were assessed and kept under regular review. Due to the intermittent nature of residents' respite breaks in the centre, their health care arrangements were mainly supported by their families. The inspectors reviewed a sample of residents' files and noted that care and support plans were in place for all identified issues. Care plans were kept under regular review, and found to be informative and person centered. There was clear guidance for staff regarding the infection prevention and control measures required in cleaning a specific item of equipment used by a resident, however, the cleaning regime described by staff was not in line with the guidance provided. Staff spoken with were familiar with and knowledgeable regarding residents up to date health care needs including residents special dietary needs and recommendations of allied health professionals. Residents had access to a general practitioner(GP) and out of hours GP service while availing of respite service in the centre. Residents had an up-to-date hospital passport which included important and useful information specific to each resident in the event of they requiring hospital admission in an emergency. All

residents had availed of the COVID-19 vaccine programme.

Some improvements were required to ensure that the centres infection prevention and control policy and cleaning guidance manual were being fully implemented. The centre was found to be well maintained in a visibly clean condition throughout. The interior of the house had been repainted and refurbished during the past year. There was clear guidance and written protocols in place to direct cleaning of the centre. There were reminders for staff displayed regarding the colour coding system in place, however, as discussed previously, this system was not being implemented in practice. There were daily, weekly and monthly cleaning schedules in place, however, cleaning records reviewed had not been completed on a consistent basis with many gaps noted. While the cleaning manual outlined guidance in relation to decontamination of equipment, there were no records available to evidence that shared equipment, shower rooms and bedrooms had been cleaned between use by respite users. The laundry area and cleaning stores were maintained in tidy and clean condition, and there were policies and guidance in place for the management of laundry. However, there were in no alginate bags (laundry bags designed to prevent the need to personally handle potential contaminated garments) available in the centre in line with best practice in infection prevention and control and as outlined in the centres policy.

There were plentiful supplies of paper hand towels and soap available in all dispensers located in each bathroom and toilet area, however, the inspectors observed a number of hand towels located in some bathrooms contrary to good practice in infection prevention and control. Systems in place for the storage and identification of personal toiletries including tooth brushes, razors and hair brushes required review. During the inspection, these personal items were openly stored in shared bathroom areas and there were no systems in place to ensure that they were clearly identifiable to each respite user. This impacted upon residents dignity and was contrary to good infection prevention and control practice.

Regulation 27: Protection against infection

The provider generally met the requirements of Regulation 27 and procedures that were consistent with the *National Standards for infection prevention and control in community services* (2018).

The provider had developed policies and guidance which were consistent with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018) and staff working in the centre had received training in various aspects of infection prevention and control. While the provider had systems in place to review infection, prevention and control in the centre, further oversight and improvements were required to ensure that policies and guidance were being fully implemented by staff in the centre. For example, improvements were required to ensure that colour coded cleaning systems were implemented, to ensure that records of cleaning and decontamination of equipment and shared facilities were

consistently completed in line with guidance, and to ensure suitable laundry bags were available and used in line with laundry management guidance. Improvements were also required to ensure that personal toiletries were suitably stored and clearly identifiable to each respite user.

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 Meadowbank Services OSV-0004863

Inspection ID: MON-0036524

Date of inspection: 15/11/2022

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>Following the inspection to assess providers compliance with Regulation 27 (protection against Infection) the following compliance plan has been developed</p> <ul style="list-style-type: none">• Staff have been informed of their responsibility to maintain up to date cleaning records in line with organizational policy and cleaning guidance manual. This will continue to be an item on the house meeting agenda and will be monitored by the PIC.• A stock of alginate bags are now on site in Ashtree Respite (16/11/2022)• Stocks of coloured cleaning cloths in line with IPC colour coding system in place and in use (16/11/2022)• All cloth hand towels removed from communal areas (16/11/2022)• Paper Hand towel dispenser fitted in upstairs shower room (29/11/2022)• All personal toiletries that individuals choose to store in Meadowbank Services will be stored in an individually labelled box that are on site (29/11/2022)• New recording sheets developed for shower rooms and bedroom cleaning to reflect cleaning schedules. These will be operational from 01/12/2022. These will be located in bedrooms/bathrooms to allow for timely recording on completion of cleaning.• An individual cleaning protocol is being devised for personal equipment for one individual. A cleaning recording sheet will be included in the individuals personal profile.	

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	09/12/2022