



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

## Issued by the Chief Inspector

Name of designated centre:	Carra Mor
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	19 June 2023
Centre ID:	OSV-0004887
Fieldwork ID:	MON-0040495

## 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 for six older adults with an intellectual disability and additional physical and health needs. The care and support provided aims to meet residents' assessed needs while ensuring that they continue to enjoy a good quality of life. Carra Mor is located in a pleasant cul-de-sac residential area of a large, busy town within walking distance of amenities such as shops, cafes and the providers main administration offices. Given the needs of residents, wheelchair accessible transport is provided. The premises is a purpose built bungalow-style house with its own well-maintained grounds. Six accessible bedrooms with attached en-suite facilities are provided; two residents share each en-suite facility. Residents also have access to a communal bathroom with a whirlpool type bath. Communal facilities include a kitchen/dining area and two sitting rooms. Residents have access to garden facilities to the front and rear of the house. Given their assessed needs, residents are supported by a team of nursing, social care and support staff. At night-time, residents' care needs are supported by two staff members both of whom work a waking night duty.

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

Number of residents on the date of inspection:	5
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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 19 June 2023	10:15hrs to 16:45hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was focused on Regulation 27: Protection against infection. To demonstrate compliance with Regulation 27 the provider must have procedures in place that are consistent with HIQA's National Standards for infection prevention and control in community services (2018). The inspector found awareness of the risk posed by infection to resident health and wellbeing and, infection prevention and control specific policies, procedures and quality assurance systems were in place. However, this did not ensure a satisfactory level of compliance with the regulation and standards. Much improvement was needed to ensure that infection prevention and control was embedded in the day-to-day practice in this service so that residents were consistently protected from the risk of preventable infection.

This inspection was unannounced. On arrival at the centre the inspector was advised that the person in charge was on leave and the inspection was facilitated by a member of the nursing staff. While not a nurse led service, given the range of needs supported, the staff-skill mix is comprised of nursing, social care and support staff.

Prior to entering the service the staff member established that the inspector was well and free of any symptoms that may have been indicative of infection that could be transmitted such as COVID-19. The staff member confirmed that at the start of their work shift each staff member also signed in and declared they were well. The inspector saw that staff did this. While informal, staff monitored resident well-being each day and were attuned to any changes in resident presentation.

The occupancy of the service fluctuated with some residents in receipt of a full-time service while others attended the service on a part-time basis. Over the course of the day the inspector had the opportunity to meet with five residents. One resident was in receipt of care in the acute hospital services.

This service is designed to support residents with a higher need for care and support such as physical and healthcare needs in addition to their disability diagnosis. The age profile of residents and the range of needs supported was diverse and this diversity was reflected in how residents engaged with the inspector. For example, one resident met with had recently transitioned to this service from another of the provider's services and greeted the inspector by name. The resident had just returned from a weekend spent at home with family. The resident said that they had enjoyed their weekend and that they were happy with their move to this service. The resident confirmed that they enjoyed regular visits from a peer they had previously lived with. Another resident had also recently transitioned to this service. Staff introduced the inspector to the resident who had some queries about how long the inspector would be present in the house. The resident used a range of communication strategies such as manual signing and the inspector observed no obstacles to communication between the resident and the staff members on duty. Staff understood and responded to the resident's queries. The inspector noted how the resident enquired of staff when they were next on duty and staff provided this

information. Staff asked the resident if they would like to complete certain tasks such as personal care. The resident presented as very relaxed and content in the house and communicated to the inspector that they were happy in the house.

One resident was relaxing in their bedroom using their personal computer but indicated to the inspector that it was okay for the inspector to enter their bedroom. Verbal communication is not the resident's primary means of communication. The resident by gesture communicated that they still liked to tend to the garden and smiled broadly when the inspector complimented the resident on how well the garden was looking. The resident also told the inspector that the dog was well and still visited the service on a regular basis with their owner who was a member of the staff team.

Another resident also had communication differences and at first by expression the resident communicated that they were not anxious to engage with the inspector and this was respected. However, as the resident observed other residents engaging with the inspector the resident changed their mind. The resident engaged by gesture and facial expression as a staff member supported a discussion of home and family and the pivotal role of the resident in their family. The inspector noted the warm smile the resident gave this staff member. One resident in the context of their needs and dependency levels did not engage with the inspector. The inspector saw that the resident looked well and cared for.

All five residents presented as relaxed in the house and with the staff members on duty. The staffing levels and skill-mix observed were as described and while new staff had been recruited three staff members on duty had been met with on previous inspections indicating good consistency of staffing.

Resident feedback had been gathered to inform the annual review of the service completed in March 2023 by the person in charge. This feedback was positive and reflected the routines and support observed by the inspector. For example, residents had said that they had good choice each day such as what time they got up at and went to bed. Residents said that they liked being out and about, having access to family and friends or having time to relax in their room watching favoured programmes or listening to music. On the day of inspection one resident had travelled with a staff member when they went to collect a peer following a visit to home. Another resident was supported to spend the morning in a nearby day service so as to meet former peers. Some of the residents had enjoyed a trip to the Bloom festival in Dublin and told the inspector they had very much enjoyed it. One resident notwithstanding their support needs was supported to avail of a short period of paid employment each week.

The inspector did not meet with any resident representatives but concluded from what residents and staff said that families and family input was welcomed and very much part of the operation of this service. Representatives had been asked to provide feedback to inform the annual review. This feedback was very positive, was complimentary of the staff team and the support and care that they provided. The majority of respondents had rated the service as excellent.

The inspector noted as on previous inspections how quiet and undisturbed the location of the service was in a cul-de-sac residential area. Staff confirmed this and said that the residents had great neighbours. A barbecue on site to remember residents who had passed away in the past year was planned and families and neighbours were amongst those invited to attend.

However, while purpose built, designed and laid out to meet higher support and care needs and overall in good condition, there were some limitations as to how the facilities provided supported infection prevention and control. For example, there was no sluice room or equipment for the cleaning and disinfection of items such as commodes, urinals and other personal care receptacles. While homely and comfortable there were some challenges due to the accumulation of items and clutter. The inspector was advised that this was in the process of being addressed following a recent internal audit.

In summary, this was a good service where residents received the care and support they needed to enjoy the best possible health and a good quality of life closely connected to family and friends. However, this evident commitment to resident wellbeing was not reflected in the infection prevention and control arrangements in place in the service. This did not provide assurance that residents were robustly protected from preventable infection or that infection could be controlled once introduced into the service.

The next two sections of this report will discuss the findings of this inspection in more detail, the governance and management arrangements in the service and, how these impacted on the quality and safety of the service provided to residents by failing to ensure a satisfactory level of compliance with Regulation 27: Protection against infection.

## Capacity and capability

The provider had arrangements in place designed to ensure compliance with Regulation 27 and the National Standards for infection prevention and control in community services (2018). However, despite this the inspector found that the provider was not in compliance with Regulation 27: Protection against infection. Failings were identified in infection prevention and control governance, environmental and equipment management.

The governance structure was clear and currently the person in charge was the identified lead for the infection prevention and control arrangements in the centre. Discussions were however in progress to delegate this responsibility to a designated staff member. A staff member spoken with confirmed that the person in charge was generally based in the service and was very accessible to both the staff team and

the residents.

The staffing levels and skill-mix observed presented as adequate to meet the number of and the assessed needs of the residents. The staff member who facilitated this inspection had delegated responsibility for the management of the staff rota. They said that it could be challenging at times to maintain the rota for example in the event of an outbreak of infection due to staff absence. However, overall the staff team were reported to be satisfied with the staffing levels and arrangements in place such as the waking night cover. The provider had a continuous process of recruitment and there was access to regular relief staff.

The person in charge convened regular staff team meetings and infection prevention and control was a standing agenda item at these meetings. A meeting to specifically discuss the findings of the recent internal infection prevention and control audit had also been held. There was good staff attendance at these meetings either in person or remotely.

The person in charge also had a range of up-to-date infection prevention and control policies, procedures and plans in place to guide practice including plans for responding to any outbreak of infection. As appropriate, the inspector saw that such procedures were also included in residents' personal plans. For example, where there was a known risk for infection or a requirement for specific interventions and equipment.

The inspector reviewed a random sample of staff training records and saw that training in matters such as hand hygiene, standard and transmission based precautions, the use of personal protective equipment (PPE), cleaning and disinfecting had been completed.

The provider had and used quality assurance systems that included the commissioning in 2022 of an external person to assess the providers level of compliance with the standards, regular use of the HIQA self-assessment tool, the review of Regulation 27 as part of the six-monthly internal service reviews and, infection prevention and control specific audits the most recent of which had been undertaken in late May 2023.

All of these arrangements reflected the requirements of HIQA's infection prevention and control standards. However, based on these HIQA inspection findings and the findings of the providers own recent internal audit, this had not ensured that good infection prevention and control was consistently embedded in all areas of day to day practice. There was scope to improve some of the guidance that was in place such as better specification of what was to be cleaned, how it was cleaned and how and where this was recorded. It was evident that findings and learning were shared with staff. For example, the learning from the outbreaks of infection that had occurred. However, the impact of this was not evident in some of the practices found on this inspection. Much work was needed to ensure that all staff understood their role and responsibilities in ensuring infection prevention and control was an integral part of providing safe and effective care and support to residents each day. Most of the findings of this inspection were avoidable and should have been



identified and rectified by routine monitoring and oversight.

## Quality and safety

Overall, arrangements were in place to meet the care and support needs of the residents. Staff on duty were familiar with the needs of each resident, their likes and dislikes and their preferred routines. The range of needs supported in this service meant that some residents were more vulnerable to infection. However, while this risk was recognised and understood, was captured in guidance and personal plans, the controls to minimise the risk of preventable infection did not always translate into day-to-day practice.

The inspector reviewed a purposeful sample of residents' healthcare plans where staff had described a risk for infection or where there were interventions in use that had the potential to introduce infection if not correctly used and managed. The plans seen by the inspector addressed these risks and set out guidance for staff on how to monitor resident well-being and how to manage certain equipment such as nebulisers, urinary catheter equipment and equipment for providing alternative sources of nutrition. Given the consistency of staffing provided for and the staff-skill mix, staff were familiar with each resident's needs, their usual presentation and signs of illness including possible infection. Staff spoken with, records seen and the support observed on the day confirmed that staff monitored resident health and wellbeing and sought prompt advice and care for example from the resident's general practitioner (GP). Residents were supported to avail of protective vaccinations and a record was maintained of each resident's vaccination status. Continuity of support was provided where residents required admission to the acute hospital services. In addition, each resident had a plan with regard to any requirement of them to isolate to reduce the risk of transmitting infection.

However, when the inspector reconciled practice with the guidance in place the inspector found there was some differing guidance but fundamentally the guidance was not implemented in practice. For example, equipment was not cleaned to a standard that adequately reduced the risk of infection. For example, on visual inspection a nebulising machine and the attached face mask were not clean. The base of a stand used in the administration of a nutrition product was covered in a significant amount of congealed product. Syringes used during this nutrition process were clearly marked by the manufacturer as single use devices but were steam sterilised and reused. There was clear guidance in place advising staff that syringes of that type were not to be reused. Two impact reducing floor mats used to reduce the risk of injury in the event that a resident fell from their bed were dirty and heavily stained.

Throughout the house there were numerous examples of poor storage and poor segregation of items that created a risk for contamination and cross-infection. For example, personal care items belonging to different residents were stored together,

replacement bags for refuse bins and cleaning products were stored with residents' personal hygiene products and, additional stocks of paper hand towels were noted in inappropriate places such as on the windowsills behind toilets. More than one item of the same personal care product such as cleansing foams and emollients were in use. The external surface of some of these containers was not clean and the date of opening was not indicated.

Therefore while there was guidance, cleaning policies and procedures in place and templates were used to record the cleaning completed each day and night, these arrangements did not ensure that all aspects of the environment and facilities provided were clean and safe. In the context of the range of needs that were met in this service staff did not have access to equipment such as a bed pan washer and staff manually cleaned and disinfected items some as commode pans and jugs and wash bowls. This was a work-around process in the absence of specific equipment and not ideal. Guidance was in place for the cleaning and disinfecting of these items but it was not based on these inspection findings consistently implemented.

The sharps box was large with regard to the needs of the service and it had not been signed and dated when assembled and put in use.

All laundry was completed in-house and staff said that they endeavoured to complete residents' personal laundry on an individualised basis. Staff confirmed that they had water soluble bags for managing soiled or potentially infectious linen. Internal waste bins were pedal operated but the inspector was not assured that all waste was segregated and disposed of correctly. For example, plastic aprons and the syringes referenced above. The providers colour coded system for cleaning was not implemented as per the policy. The inspector did not see and staff said that they did not have yellow coloured cleaning equipment for use for example when there was a known outbreak of infection.

## Regulation 27: Protection against infection

The provider had arrangements in place that were consistent with HIQA's National Standards for infection prevention and control in community services (2018) but this had not ensured the sustainable delivery of safe and effective infection prevention and control practice. For example, a programme of training was provided to staff, there were policies and procedures in place to guide staff and the provider had formal infection prevention and control quality assurance systems. However, the provider itself had recently identified that the standard of infection prevention and control practice in this service had deteriorated and many of the findings of that internal review were again evident on this HIQA inspection. The findings to support this judgement have been discussed throughout the body of this report and included for example, clinical care equipment that was visibly soiled and the poor segregation and storage of items such as cleaning products, residents personal care items and hand-hygiene products such as disposable hand towels. All of these identified failings created a risk for contamination, cross-infection and the introduction of

infection. Based on these HIQA inspection findings much work was needed to ensure that all staff understood their role and responsibilities in ensuring infection prevention and control was an integral part of providing safe and effective care and support to residents every day. While purpose built, designed and laid out to meet higher support and care needs there were some limitations as to how the facilities supported infection prevention and control. For example, there was no sluice room or equipment for the cleaning and disinfection of items such as commodes, urinals and other personal care receptacles. A full review was required of cleaning and disinfecting processes to ensure compliance with national and local guidelines. Most of the findings of this inspection were avoidable and should have been identified and rectified by routine monitoring and oversight.

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 Carra Mor OSV-0004887

Inspection ID: MON-0040495

Date of inspection: 19/06/2023

## 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>The service provider &amp; PIC will ensure the following actions are taken to ensure compliance with Regulation 27: Protection against Infection:</p> <ul style="list-style-type: none"> <li>• An immediate deep clean was carried out in the DC, including the cleaning and disinfecting of all personal care and medical items/ equipment. [Complete]</li> <li>• De-cluttering is in progress within the DC, and will continue in coming weeks. [Completion date: 30/09/2023]</li> <li>• Excess personal care products have been discarded. Personal care items belonging to residents will be segregated. [Complete]</li> <li>• A sluice room will be installed in the DC. [Completion date: 31/12/2023]</li> <li>• Storage in the DC is under review, and will ensure appropriate segregation of items that create a risk for contamination and cross-infection. [Completion date: 31/12/2023]</li> <li>• An external consultant has been commissioned to carry out site-specific IPC training, to include a specific section on cleaning and disinfection practices required specific to resident’s support needs, and on all staffs’ role and responsibilities to ensure IPC is integrated in their everyday practice. [Completion date: 31/10/2023]</li> <li>• The PIC will carry out a review of all protocols and procedures in IPC-specific team meeting thereafter. [Completion date: 14/11/2023] In the interim, current protocols and procedures will be reviewed in detail in scheduled team meetings.</li> <li>• Cleaning schedule will be reviewed, to include clear guidance on what is to be cleaned, how to clean it, and how/ where this is to be recorded. [Completion date: 30/09/2023]</li> <li>• The responsibility for IPC will be delegated to two ENPs, in a shared role to ensure continuous oversight. [Implementation date: 30/07/2023]</li> <li>• IPC lead training will be sourced and provided for the nursing staff in the DC. [Completion date: 31/12/2023]</li> <li>• National BOCSI IPC Lead is scheduled to carry out an IPC audit within the DC in September 2023. [Completion date: 30/09/2023]</li> <li>• Regular IPC spot-checks will be carried out by the designated IPC leads, PIC &amp; senior managers on a bi-monthly basis, at a minimum.</li> </ul>	

- Impact reducing floor mats have been replaced.
- Sharps box has been returned to the local health centre. [Complete]
- Spill kits are on-site in the DC – their location will be brought to the attention of all staff. [Completion date: 30/07/2023]
- Colour-coded cleaning system is under review, to ensure it is in line with the organisation's local procedures. [Completion date: 30/08/2023]

**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