Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	DCL-02
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	08 June 2022
Centre ID:	OSV-0005865
Fieldwork ID:	MON-0036307

About the designated centre

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

This designated centre can provide full-time residential care for up to four adults with intellectual disabilities. The designated centre is located in a housing estate in a small town in Co. Kildare. The house is a two-storey building and comprises of four bedrooms, a kitchen and dining area, a sitting room, two shared bathrooms and a utility room. There is a garden to the back of the house. The centre has accessible transport available for residents to bring them to community and social activities in the local town and to appointments when required. The person in charged is employed on a full-time basis. The staff team comprises of support workers and staff have access to a registered nurse employed by the provider as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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
Wednesday 8 June 2022	11:00hrs to 16:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was completed to inspect the arrangements the registered provider had put in place in relation to infection prevention and control.

From what the inspector observed, there was evidence that the registered provider had put in place systems and arrangements which were consistent with the National Standards for infection prevention and control in community services. Overall, this promoted the protection of residents who may be at risk of healthcare-associated infections. However, some improvements were required in relation to the maintenance of the premises.

The centre comprised of a two storey, four bedroomed house. It was located on the outskirts of a town in Kildare and within walking distance of a range of local amenities. The centre was registered to accommodate four adult residents but there was one vacancy at the time of inspection. Consequently there were only three residents living in the centre at the time of inspection.

The inspector met with two of the three residents on the day of inspection. These resident told the inspector that they were happy living in the centre and enjoyed the company of their fellow residents and of the staff team members. They also spoke with the inspector about how they made sure to keep themselves safe from infection when in their home and in the community. One of the residents spoke about enjoying their weekly visit to the local barbers for a hair cut and shave. A residents was observed to peel potatoes for dinner whilst another resident relaxed in their bedroom on return from their place of work. Warm interactions between the residents and the staff member on duty were observed. Only one of the three residents was engaged in a formal day service programme. One of the residents had chosen not to reengage with their day service post the COVID-19 pandemic. This resident engaged with some online courses, walking and other activities from the centre. The third resident was engaged in employment three days a week. Each of the residents were in their mid to late sixties and reported to be in good health. The three residents had been living with each other for an extended period and were considered to get along well together. There were no safeguarding concerns in this centre. Each of the residents required low levels of support. Conversations between the inspector and the two residents met with, took place with the inspector wearing a medical grade face mask and social distancing in line with national guidance.

The centre was found to be comfortable, homely and overall in a good state of repair. However, there was a small amount of worn and chipped paint on some walls and woodwork in the hall, sitting room and kitchen. There was also a small amount of broken surfaces on some press doors in the kitchen. This meant that these areas could be more difficult to clean from an infection control perspective. The bathroom had recently been refurbished with the replacement of wall tiles and shower door. Each of the residents had their own bedroom which had been

personalised to the individual resident's tastes. For example, one of the residents spoke with the inspector about various memorabilia they had in their room for Elvis Presley who was this residents idol. Each of the rooms were a suitable size and layout for the resident's individual needs. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences. Each of the residents had their own television in their bedroom. Pictures of the resident and important people in their lives, art work completed by residents and other memorabilia were on display in the centre.

The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support being provided in the centre. The provider had recently completed a survey with residents and relatives as part of its annual review. These indicated that the residents and relatives were happy with the quality of the service being provided. There was evidence that the residents and their representatives were consulted and communicated with, about infection control decisions in the centre and national guidance regarding COVID-19.

There was one staff vacancy at the time of inspection. However this vacancy was being covered by regular relief staff members.The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered in respect of infection prevention and control arrangements.

Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements.

The centre was managed by a suitably-qualified and experienced person. She was in a full time position and was not responsible for any other centre. She presented with a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for each of the residents in this regard. The person in charge held a degree in social science and a certificate in leadership. she had more than five years management experience. The person in charge had regular formal and informal contact with her manager.

There was a clearly-defined management structures in place that identified lines of accountability and responsibility for infection prevention and control. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the director of administration who in turn report to the chief executive officer. The person in charge and director of administration held

formal meetings on a regular basis. The team leader in the centre was the identified infection control lead.

There was evidence that infection prevention and control had been prioritised by the registered provider and the highest levels of management within the organisation. There had been outbreaks of COVID-19 in the centre impacting staff but none of the residents. As staff members worked alone in the centre it was proposed that each of the staff cases were community acquired and not linked to each other or the centre. Overall, the risk of acquiring or transmitting the infection had been well controlled in the centre. An incident management meeting had been conducted at the onset of any outbreak which included a consideration to possible causes. There was a COVID-19 organisational strategy, contingency and outbreak plan in place which had been reviewed in May 2022.

The registered provider had a range of policies, procedures and guidelines in place which related to infection prevention and control. These were found to reflect national guidance, including Government, regulatory bodies, the Health Service Executive (HSE), and the Health Protection Surveillance Centre (HPSC) guidance. The provider's COVID-19 organisational strategy, contingency and outbreak plan detailed roles and responsibilities in the event of an outbreak for all staff and management, including the COVID-19 lead person. Organisational risk assessment for infection control risks had been completed. Scenario model and potential action plans were in place in the event of an outbreak.

Regular audits and checks were completed in the centre which considered infection prevention and control. These were found to be comprehensive in nature and there was clear evidence available to demonstrate that they had brought about positive changes in the centre. An annual review of the centre was being completed and six monthly unannounced visits ad been completed. These considered infection prevention and control across a number of key areas considered by the registered provider.

The person in charge, who was the rostered staff member on duty on the day of inspection told the inspector that she felt supported and understood her role in infection prevention and control. There were effective systems in place for workforce planning which ensured that there were suitable numbers of staff members employed and available with the right skills and expertise to meet the centre's infection prevention and control needs. There was one staff vacancy at the time of inspection. However this vacancy was being covered by regular relief staff members which provided consistency f care for the residents. The person in charge reported that staff members had strong knowledge of standard and transmission precautions along with the procedures outlined in local guidance documents.

The staff team were found to have completed training in the area of infection prevention and control. The inspector found that specialist supports were available to the staff and management teams from the HSE should it be required and contact information relating to these supports were documented in the centre.

Quality and safety

The residents appeared to receive person-centred care and support whereby the residents were well informed, involved and supported in the prevention and control of health-care associated infections.

Residents were provided with appropriate information and were involved in decisions about their care to prevent, control and manage healthcare-associated infections. Infection prevention and control, including updates on the COVID-19 pandemic were discussed at regular intervals with individual residents. It was noted that one to one work had been completed with a number of the residents to help them to understand why infection prevention and control precautions were being taken. Posters promoting hand washing were on display.

There were arrangements in place for the laundry of resident's clothing and linen in the centre and residents were supported to do their own laundry. There were suitable domestic and recycling waste collection arrangements in place. There was no clinical waste in use. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. There were arrangements in place for the management of maintenance issues and staff members reported that generally maintenance issues were promptly resolved in the centre.

There was a COVID-19 organisational strategy, contingency and outbreak plan in place which reflected national guidance. It contained specific information about the roles and responsibilities of various individuals within the centre and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. The document had recently been revised to outline that following an outbreak a review would be undertaken of the source, potential cause, learning and effectiveness of infection control arrangements. It was proposed that this would provide opportunities for learning to improve nfection control arrangements and learning to be shared with al relevant stakeholders.

The inspector found that there was sufficient resources and information available to encourage and support good hand hygiene practices. Staff were observed to appropriately clean their hands at regular intervals, and they were wearing medical grade face masks in accordance with current public health guidance. All visitors were required to sign in, complete checks and provide information to facilitate contact tracing.

Specific training in relation to COVID-19 and infection control arrangements had been provided for staff. Temperature checks for staff and residents were undertaken at regular intervals.

Regulation 27: Protection against infection

The inspector found that the registered provider had developed and implemented effective systems and processes for the oversight and review of infection prevention and control practices in this centre. Overall, the inspector found that the centre appeared clean. However, there was a small amount of worn and chipped paint on some walls and woodwork in the hall, sitting room and kitchen. There was also a small amount of broken surfaces on some press doors in the kitchen. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

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 DCL-02 OSV-0005865

Inspection ID: MON-0036307

Date of inspection: 08/06/2022

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
Outline how you are going to come into compliance with Regulation 27: Protection against infection: A Maintenance Plan with Painting and Renovating the Kitchen has been developed by the Services Manager. This will address the worn and chipped paint on the areas as identified by the inspector. Painting will be completed by 31/07/2022 Renovation of kitchen will be completed by 30/09/2022	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2022