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:	Dun Aoibhinn Services - Cashel
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	30 June 2022
Centre ID:	OSV-0005060
Fieldwork ID:	MON-0028308

About the designated centre

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

Dun Aoibhinn Services - Cashel is a designated centre operated by Brothers of Charity Services Ireland CLG. The designated centre provides community residential care for a maximum of twelve adult residents, both male and female, with intellectual disabilities. The centre consists of two individual purpose-built bungalows which are located next to one another in a town in Co. Tipperary. The first house is a bungalow which provides community residential care to six adults with a disability. Similarly, the second house is a bungalow which provides community residential care to six adults with a disability. Both units are similar in their design and layout and comprise of a sitting room, kitchen, dining room, an office, six individual bedrooms, staff sleepover room, visitors room and a number of shared bathrooms. Both houses have large well maintained gardens. The centre is staffed by a person in charge, enhanced nurse practitioners, social care workers and care assistants. Local amenities in the area include shops, restaurants, sports clubs, historical sites and theatres.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

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
Thursday 30 June 2022	09:30hrs to 17:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

There were eleven residents living in the centre on the day of inspection. The inspector had the opportunity to meet and speak with nine residents. Residents used both verbal and non verbal methods to communicate their thoughts.

The centre comprises two bungalow houses situated beside each other. Both houses were spacious, bright and welcoming on arrival. All residents had their own bedrooms which had been personalised to suit their own preferences. The premises was well maintained by the registered provider. Both houses were surrounded by gardens where the inspector observed flowers and vegetables growing and seating areas. Pictures of the residents were noted hanging in both of the houses. Picture schedules were also observed on the walls with details of staff on duty and menu choices. The inspector noted some restrictive practices in use around the premises. Following conversations with staff and a review of documentation, it was evident that this was secondary to identified risks.

The staff team was a mix of staff nurses, social care workers, and care assistants. Residents also had access to further multi-disciplinary support when required. The inspector found that there were sufficient skill mixes in place to support the residents' needs. Staff spoken with appeared familiar with the residents preferences and needs and the inspector observed a number of positive and respectful interactions between staff and residents throughout the inspection day.

Residents' meetings took place regularly and these were used to discuss important topics such as menu choices, activities, fire safety and residents rights. The inspection had been announced and was discussed with residents prior to the inspectors arrival. Feedback regarding the service provided was sought regularly by staff and the provider. The residents communicated no complaints with the service provided to the inspector on the day of inspection.

Ten residents completed satisfaction questionnaires prior to the inspection day which had been issued to the centre by HIQA as part of inspection process. Some residents were supported by staff and family members to complete these. Overall, questionnaires communicated high levels of satisfaction with the service provided in areas including staffing, activation, meals and the premises. One resident commented that "staff are exceptional" and that the service "couldn't be better". Another resident commented "I am happy". Residents appeared to enjoy regular activation. Residents all had access to service vehicles to attend their preferred activities during weekdays and the weekends. Satisfaction questionnaires communicated that residents regularly enjoyed activities including drives, walks, bocce, beauty therapy, zumba, music, reading, massage therapy and day trips. One resident regularly enjoyed hosting discos in the centre and spoke with the inspector about a disco they would be having on the evening of the inspection, in the centre.

The inspector observed three residents relaxing together in the afternoon on the

day of inspection watching a show on the television and chatting. Another resident in the second house was enjoying a nap on their couch and appeared very comfortable.

Overall the inspector found that residents appeared to experience a person-centred, safe and high quality service. Residents appeared to enjoy the benefits of clear management structures and systems. The next two sections of this report detail the inspector's findings regarding the governance and management of the centre, and how this affected the quality and safety of the service being delivered to the residents. Some improvements were required in areas including fire safety, infection control and behavioural support.

Capacity and capability

In general, the inspector found that the provider demonstrated the capacity and capability to provide a safe and effective service to residents living in Dun Aoibhinn Services Cashel. The purpose of the inspection was to inform a registration renewal decision and the provider had submitted a registration renewal pack to HIQA with all information as required by regulation to inform the inspection and a renewal decision. Actions from the centres most previous inspections had been appropriately addressed by the registered provider.

There was a clear management structure and lines of accountability in place with a full time person in charge in the centre. This person was identified as the team leader in the centre. The staff team was a mix of staff nurses, social workers, and care assistants. There was a regular management presence in the centre, and clear lines of accountability. Regular and consistent communication took place between the person in charge, the staff team and the senior management team. There was evidence of regular auditing and review of the service provided. An annual review had taken place and a six monthly unannounced inspection had been completed on behalf of the provider. Thematic audits in the centre were also completed and these informed action plans. The provider was ensuring that staff training was provided to meet the assessed needs of the residents.

Regulation 15: Staffing

The staff team was a mix of staff nurses, social workers, and care assistants. Residents also had access to further multi-disciplinary support when required. The inspector found that there were sufficient skill mixes in place to support the residents needs. The centre was experiencing some staff vacancies on the day of inspection and the centre utilised support from agency staff when required. The person in charge was ensuring that a familiar staff was always on duty when agency staff were working to promote consistency of care. Staff experienced regular team

meetings with the person in charge where issues including risk and safeguarding were discussed. Some residents presented with high healthcare needs and appropriate levels of nursing support was provided for these residents.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided to meet the assessed needs of the residents. The inspector reviewed staff training records and found that all staff had up-to-date mandatory training. Training was provided in areas including fire safety, manual handling, safeguarding, infection prevention and control. Staff were in receipt of regular one to one supervision with line management.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure with a full time person in charge in place who had responsibility for both houses in the designated centre. Regular communication took place between the person in charge, the staff team and senior management. A six monthly unannounced inspection had been completed by a person nominated by the provider and this reviewed the centre levels of compliance with the regulations. This included consultation with the residents. An annual review of the quality and safety of care and support was also completed. Auditing and review systems were not appropriately identifying improvements required in infection prevention and control practices in the centre, as detailed further under regulation 27.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a clear complaints procedure in place and a complaints log where any complaints in the centre were recorded. There was an "I'm not happy" form which residents could use to express complaints and the inspector observed a box in the front hallway of the centre, where residents could submit these. There was a designated complaints officer within the service who reviewed and addressed complaints when received. This person contacted the resident to follow up on any

actions taken following the submission of a complaint.

There were no complaints communicated by residents with the inspector, on the day of inspection. Ten residents completed satisfaction questionnaires prior to the inspection day which had been issued to the centre by HIQA as part of inspection process. Some residents were supported by staff and family members to complete these. Overall, questionnaires communicated high levels of satisfaction with the service provided in areas including staffing, activation, meals and the premises. One resident commented that "staff are exceptional" and that the service "couldn't be better". Another resident commented "I am happy".

Judgment: Compliant

Quality and safety

The inspector found that, in general, systems and measures were in place for the provision of a safe service. Management and staff were promoting person centred care and support for residents living in the designated centre. When endeavouring to promote a safe service, the registered provider had ensured that measures were in place for the assessment, management and ongoing review of risk and risk measures in the designated centre. However, some improvements were required to ensure that effective arrangements were in place to efficiently evacuate all residents in the event of a fire, as detailed under regulation 28. This had been self identified by management.

Residents were safeguarded in the centre. Residents were supported to manage their behaviours and had good access to further behavioural support if they required this. Restrictive practices were in place due to identified risks and were subject to regular review. However, the inspector identified that residents records did not always evidence that therapeutic interventions were always used and considered prior to the use of chemical restraints which were medication prescribed PRN (as required). While measures were in place for infection prevention and control in the centre, a number of improvements were required to protect resident against healthcare associated infections.

Regulation 26: Risk management procedures

The registered provider had ensured that measures were in place for the assessment, management and ongoing review of risk and risk measures in the designated centre. Personalised risk assessments were in place for each resident. These included assessing risks associated with COVID-19, falls, choking and risk of burns. Risk management systems were regularly discussed at staff team meetings. Some residents presented with specific high risks and measures were in place in the

centre at all times to mitigate these risks. Measures included close one to one supervision. Risk management plans were reviewed regularly. There was a centre risk register in place, which had identified any actual or potential risks in the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

Some measures were in place in the centre for infection prevention and control. The centre was visibly clean on arrival and enhanced cleaning schedules had been implemented in the centre. All staff were observed wearing face masks on the day of inspection in line with national guidance and the provider had developed a contingency plan for use in the event of an outbreak of COVID-19 in the centre. Infection control was discussed with residents through regular house meetings.

Following a walk around the centre on the morning of the inspection, the inspector identified a number of infection prevention and control concerns. The person in charge immediately responded to these concerns and addressed any issues that could be resolved. However a number of areas still required improvements to ensure effective systems and protocols were in place for infection control and to ensure that residents were protected against healthcare associated infections. These areas included the following:

- There was no system or schedule in place to regularly flush a tap and a shower in an unused en-suite in the centre. This had been unused for six months on the day of inspection and posed a risk of water borne infections.
- Cleaning schedules in place did not adequately record the cleaning of all pieces of residents equipment, such as commodes, mattresses, bed frames and wheelchairs. Two commodes were noted to have rust on the day of inspection.
- Some areas around the premises required improvements or replacing to ensure that these areas could be fully deep cleaned. These included window sills with peeling paint and a stained area of flooring.
- Basins were sometimes used for residents personal care. These was no clear system in place to clean these basins. One basin was observed as visibly stained on the day of inspection. There were no separate basins for use with intimate care and for use when supporting residents with washing face and hands.
- Mop systems required review. Storage systems did not ensure that mops were clean and dry between uses. Mop buckets were observed stored outside with visible dirt in them.
- The services auditing and review systems for infection prevention and control were not appropriately identifying areas in need of improvements.
- The service policy for infection prevention and control had not been reviewed within a three year period. An addendum had been added to the policy for

the management of COVID-19 in the service, however this did not included a full review of the infection prevention and control policy.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had ensured that fire management systems were in place in the centre. The inspector observed containment systems, detection systems, emergency lighting and fire fighting equipment which was all subject to regular servicing and review with a fire specialist. Residents all had individual emergency evacuation plans (PEEP's) in place and evacuation procedures were prominently displayed around the centre.

Staff and residents were completing regular fire evacuation drills. These simulated both day and night time conditions. However, two recent drill records did not demonstrate that residents could be evacuated in the event of a fire in an efficient time frame. This was secondary to one resident's recent changing needs. The service had self identified this and had contacted a fire safety specialist for further advice and had a plan in place to address this issue.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had clear and comprehensive assessments of need and personal plans in place. These were subject to regular review and reflected the residents most current needs. Residents also had personal goals in place and staff were supporting them to work towards these. Residents experienced an annual "circle of support" where their plan of care for the year ahead was reviewed with them. All residents enjoyed regular individualised activation.

Some residents presented with high healthcare needs and it was evident that these residents needs were being met in the centre. Specific plans were in place for the care of areas including chiropody, audiology, visual care and oral hygiene needs. Residents with palliative care needs had end of life care plans in place, which were subject to regular review.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector noted restrictive practices in place and used in the centre. These had been notified to HIQA on a quarterly basis as required by regulation 31. Following conversations with staff and a review of documentation, it was evident that these were secondary to identified risks. Risk assessments were in place which highlighted the rationale for use of all restrictive practices. Residents had positive behavioural support plans in place where required and had access to further behavioural support specialists within the service.

The inspector identified that residents' records did not always evidence that therapeutic interventions were always used and considered prior to the use of chemical restraints. These restraints were medication that were prescribed PRN (as required). The inspector was assured, from speaking with staff, that a number of therapeutic interventions were regularly used with one resident, however the resident's records did not reflect this care.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were safeguarded in the centre. All staff had received up-to-date safeguarding training and residents all had personalised intimate care plans in place. Any safeguarding concerns were treated seriously and in line with national policy. Safeguarding protocols were regularly discussed at staff team meetings. All residents had money management competency assessments in place which determined the levels of support required to support residents to safely manage their finances. Peer to peer risks in the centre had been assessed and a number of mitigating measures were in place to prevent peer to peer incidents of abuse. The service had a designated officer who managed any safeguarding concerns, their picture was prominently displayed in the centre.

Judgment: 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Dun Aoibhinn Services - Cashel OSV-0005060

Inspection ID: MON-0028308

Date of inspection: 30/06/2022

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	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

• The PIC reviewed and updated the recording system for Infection prevention and control.

• Legionella checks are occurring as per policy and a record of same is maintained

• Cleaning schedules have been reviewed and updated to incorporate all equipment in the Centre

• Premises works identified are being scheduled for completion with the facilities manager

• The system for the use of basins has been reviewed and updated

• A suitable storage unit has been purchased and fitted for the storage of mops.

• Audits on infection control will be conducted with greater attention to detail to identify areas of improvement required to improve standards

• The service policy on infection prevention and control is a National Policy which was signed off in 2018 for three years. During the pandemic an addendum was added which states that "the guidelines for the prevention and management of Corona virus/Covid-19 supersedes this policy. These guidelines were updated and reviewed in line with Public Health Guidance. The infection control measures contained in the guidance are more extensive than those in the policy and will remain in place for the duration of the pandemic or 12 months whichever is sooner". Addendum added on 17.06.2021 and will be reviewed within the specified timeframe. The policy has been referred to the National Clinical Team and is at the final stages of review, it is anticipated this policy will be

signed off and distributed to services by 15/10/22.

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The Registered Provider has made the necessary arrangements for the required works to be completed to address the changing needs of one resident.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: • The PIC has informed the team of the required recording system in place for the use of therapeutic interventions prior to the administration of prescribed PRN. This will be subject to regular review and oversight by the PIC and included for review at staff meetings.	

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.	Not Compliant	Orange	31/10/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/10/2022
Regulation	The person in	Substantially	Yellow	08/08/2022

07(5)(b)	charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Compliant		