



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

Issued by the Chief Inspector

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| Name of designated centre: | Oran Services |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Galway |
| Type of inspection: | Unannounced |
| Date of inspection: | 05 July 2023 |
| Centre ID: | OSV-0005023 |
| Fieldwork ID: | MON-0040707 |

About the designated centre

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

Oran Services provides a residential service to male and female adults over the age of 18. Residents of this service have a moderate to severe learning disability. Some residents may also use services offered by the mental health team and behavioural support specialists. The centre comprised of two houses which were in close proximity to each other. The centre was located in a residential neighbourhood of a city where public transport links such as trains, taxis and buses were available. The centre also provides transport for residents to access their local community. Each resident has their own bedroom and an appropriate number of shared bathrooms are available for residents to use. Appropriate cooking and kitchen facilities are available in each house and reception rooms are warm and comfortably furnished. One house in the centre also has a sensory room for residents to relax and enjoy. A social care model is offered to residents in this centre and a combination of registered nurses and healthcare assistants make up the staff team. Some residents attend day services and some residents are offered an integrated model of care where both day and residential supports were provided in the designated centre. One staff member supports residents in each house during night-time hours and up to three staff members support residents in each house during the day.

The following information outlines some additional data on this centre.

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| 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 |
|-----------------------|----------------------|----------------|------|
| Wednesday 5 July 2023 | 09:00hrs to 14:30hrs | Mary Costelloe | Lead |

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. On arrival at the centre, the inspector followed infection prevention and control measures on entering the designated centre. Staff confirmed that there were no persons with signs or symptoms of any infections or respiratory illness including COVID-19 in the centre.

The designated centre comprised of two houses within close proximity to each other and located in residential areas on the outskirts of a city. At the time of inspection, there were five residents living in the designated centre, four in one house and one in the other house. The inspector met with the four residents who were sharing one house, but did not meet with the resident in the other house as they were attending day services in the community at the time. The person in charge and team leader were on leave at the time of inspection, however, the inspector met with the staff on duty and service coordinator who visited to facilitate the inspection.

The residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. Staff were observed to interact with residents in a caring and respectful manner. Staff were observed spending time and interacting warmly with residents, responding to and supporting their wishes.

Three of residents were supported with an integrated day service from the house and one resident regularly attended a local day service during the weekdays. On the morning of inspection, there were two staff on duty in the house visited. Staff were busy supporting a resident to get ready and then transport them to attend their day service while supporting others with personal care, showering, special dietary and eating requirements and the administration of medicines. Two of the residents had high support needs, requiring support with all activities of daily living.

The house visited was single-storey, comfortable, suitably furnished and decorated in a homely manner. The house was spacious and bright with a good variety of communal spaces available for residents use. Residents were accommodated in single bedrooms with an adequate number of bathroom facilities. Residents bedrooms were spacious, comfortably decorated and suitably furnished. All bedrooms had televisions, adequate storage for personal belongings and were personalised with items of significance to each resident. Residents had easy access to well maintained garden areas. There was a variety of outdoor furniture, swing chair and basketball hoop for residents use. There was a variety of containers, pots and hanging baskets planted with colourful flowers to the front and rear areas of the house. While the external areas of the house had been painted following the last inspection, internally, many areas of the house were in need of maintenance, repair

and redecoration. Many of the surface finishes including walls, skirting boards, door jambs, radiator covers and hand rails were worn and defective and not conducive to effective cleaning and disinfection. The main bathroom and separate toilet area were also in need of refurbishment to ensure that surfaces including damaged ceilings, flooring and shower door were conducive to effective cleaning and disinfection.

The inspector noted that many areas in the house required more thorough and routine cleaning. Cleaning was the responsibility of all staff on duty as the post of the housekeeping staff was still vacant. While there were generic cleaning checklists in place, there was no comprehensive cleaning schedule in place. Many areas of the house showed obvious lack of regular and thorough cleaning with accumulations of dust, fluff and cobwebs evident in many areas. The inspector observed the difficulty posed to staff in carrying out planned and routine cleaning given the high support needs of residents and the current staffing levels in the centre.

On the morning of inspection, residents were already up, one resident greeted the inspector at the front door, another was relaxing in their bedroom waiting to be driven to their day service. Staff on duty were busy providing one to one support to two other residents with personal care. Later in the morning, a staff member drove the resident to their day care service and was accompanied by another resident who wished to go for the spin. The remaining staff member supported and supervised the other two residents in the house.

During the morning time one resident went out for a sensory drive, and was also supported to use their standing frame walker. They appeared to enjoy going outside for a walk while another resident enjoyed have their hair brushed and sitting at the front door in the sunshine.

Staff reported that residents continued to be supported to engage in meaningful activities in the local community and that there was normally a third staff member on duty at weekends to support residents with their preferred activities. A review of residents personal plans and photographs showed residents enjoying a variety of activities including attending sporting matches, eating out, celebrating birthdays, enjoying day trips to the beach and other places of interest, visiting the beautician and aquarium.

Residents were supported to have their lunch in the centre. Staff outlined how residents were involved and had choice in selecting their preferred food and meal options. There were colourful pictorial menu options and food choices available so that residents could easily see and select their preferred options. Residents were supported to eat out or get takeaways at weekends. Some residents required modified diets and most staff had completed training on feeding, eating, drinking and swallowing guidelines. Staff spoken with were knowledgeable regarding residents' nutritional needs and dietary requirements including the recommendations of the dietitian and speech and language therapist (SALT). The inspector noted that the main meal was prepared and cooked by staff at night time and reheated the following day for dinner. The inspector queried why meals were cooked at night time and was advised that this was due to lack of staffing resources during the day

time.

Residents were actively supported and encouraged to maintain connections with friends and families. Visiting to the centre was being facilitated in line with national guidance and there was adequate space for residents to meet visitors in private if they wished. There was facilities for visitors to sanitise their hands located at the front entrance hall and face coverings were readily available. Residents were supported to maintain contact and to regularly visit their families at home.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable accessible format. For example, easy-to-read versions of important information such as the complaints process, human rights charter, infection prevention and control protocols, COVID-19 and staffing information were made available to residents. Staff had established residents' preferences through the personal planning process, ongoing communication with residents and their representatives.

The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection. All residents had their own bedroom and each resident had a documented intimate care plan in place. Staff spoken with were very knowledgeable regarding residents' wishes, preferences and interests. There was a friendly atmosphere in the centre.

Throughout the inspection, it was evident that staff strived to ensure that the care and support provided to residents was person-centred in nature and effective in meeting their needs. However, further oversight and review was required to staffing resources and to infection, prevention and control in the centre.

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

Improvements were required in order to comply with the requirements of Regulation 27 and procedures that were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). During the course of the inspection, it was evident that a review of staffing was required to ensure that the number and skill mix of staff is appropriate to the number, and assessed needs of residents and the statement of purpose.

There was a clear organisational structure in place to manage the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control in the centre. They were supported in their role by the senior

management team within the organisation. The post of team leader who was normally responsible for the day-to-day operational management of the centre was currently vacant. 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.

On the day of inspection, the inspector was not assured that the number of staff on duty was appropriate to meet the needs of all residents. There were only two staff members on duty to support the needs of four residents, two of whom required one to one support with all activities of daily living. There was still a vacant housekeeping post and there was evidence of a lack of regular and thorough cleaning.

Training records reviewed and staff spoken with confirmed that training was provided on an ongoing basis. Records reviewed showed that regular staff had completed training in various aspects of infection prevention and control, including hand hygiene, donning and doffing of personal protective equipment (PPE) and national standards for infection prevention and control. However, there were no training records available for agency staff on duty.

There was a COVID-19 information folder available to staff which contained the COVID-19 contingency response plan, outbreak management plan and the organisations guidelines for the prevention and management of COVID-19. There was also guidance on the facilitation of visits. 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.

The systems in place to monitor and oversee infection prevention and control in the centre required further review and oversight to ensure compliance with infection prevention and control guidance 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. There was a colour coded cleaning system in use as outlined in the cleaning guidance manual, however, there was no planned cleaning schedule as recommended. While residents did not share equipment, there was no documented cleaning protocols in place for some items of equipment including a wheelchair which showed obvious lack of regular and thorough cleaning. Further oversight was required to ensure that all staff were knowledgeable regarding cleaning processes and laundry management guidance as outlined in the policies. Staff spoken with were unclear regarding some of these processes including the difference between cleaning and disinfection and the appropriate use of water soluble alginate laundry bags.

The annual review for 2022 had been completed and included consultation with families which indicated a high level of satisfaction with the service, however, it had

not reflected upon infection, prevention and control. There had been no recent provider led audit of the house visited. The last two unannounced audits carried out on behalf of the provider had been completed in the other house neither of which had not reflected upon infection prevention and control. While 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, the inspector was advised that the monthly reviews were no longer being completed. An infection prevention and control audit had been carried out in house during April 2023, however, the areas for improvement found during this inspection had not been identified.

Regulation 15: Staffing

A review of staffing was required to ensure that the number and skill mix of staff is appropriate to the number, and assessed needs of residents and the statement of purpose.

There were a number of staff vacancies including that of a team leader, two staff nurses and a housekeeping staff.

There were only two staff members normally on duty during the weekdays to support the needs of four residents, two of whom required one to one support.

Documentation reviewed indicated that some personal goals had not been achieved during 2022 due to staff shortage.

Staff spoken with advised that some residents could only be supported with their preferred activities at weekends when a third staff member was usually rostered. This impacted upon residents rights and choice.

There were no training records available for agency staff on duty.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the staff strived to ensure that residents received an individualised, safe and good quality service. Residents who the inspector met with appeared content living at the centre, appeared to be comfortable in their environment and with staff supporting them. However, improvements were required to staffing to ensure that the number and skill mix of staff was appropriate to the number, and assessed needs of residents, to ensure that adequate staffing resources were available to facilitate planned and regular cleaning of the premises

and equipment. Improvements were also required to in relation to the maintenance, repair and redecoration of some areas of the house visited to ensure that surfaces were conducive to effective cleaning and disinfection.

From discussions with staff, it was evident that they had a clear understanding of their roles and responsibilities in protecting residents from preventable healthcare-associated infections. Staff spoken with confirmed that residents were fully dependant on them in relation to infection, prevention and control protection measures. Staff advised that they continued to support residents with infection, prevention and control measures through the use of objects of reference and by supporting residents with their personal hygiene needs. The inspector noted that hand hygiene had been included pre-meals as part of residents easy read daily activity programme.

Residents were supported to access vaccination programmes. Residents had availed of the COVID-19 and influenza vaccine programmes. Each resident had an up-to-date hospital and communication passport which included important and useful information specific to each resident in the event of they requiring hospital admission.

Residents' health, personal and social care needs were assessed. The inspector reviewed a sample of residents files and noted that care plans were in place for all identified issues. Residents had regular and timely access to general practitioners (GPs) including out of hours service and to health and social care professionals. A review of residents files showed that residents had been referred and recently assessed by a range of allied health professionals including physiotherapy, speech and language therapy (SALT), psychology, optician and chiropody.

The house was found to be spacious and bright with a variety of communal spaces available for residents use, however, some areas of the house were in need of repair and redecoration as discussed previously in the report.

Regulation 27: Protection against infection

Improvements were required in order to comply with the requirements of Regulation 27 and procedures that were consistent with the National Standards for Infection Prevention and Control in Community Services (2018).

Systems in place to monitor infection prevention and control in the centre required further review and oversight to ensure that polices and guidance available in the centre to direct cleaning, infection, prevention and control were fully understood by staff and implemented in the centre. Some areas of the house visited were in need of maintenance, repair and redecoration. Surface finishes including walls, skirting boards, door jambs, radiator covers and hand rails were worn and defective. The main bathroom and a separate toilet area required upgrading to ensure that surfaces including damaged ceilings, flooring and shower door were conducive to effective cleaning and disinfection. Many areas of the house required more thorough

and routine cleaning. There was no comprehensive cleaning schedule in place to ensure that all parts of the centre and equipment were thoroughly cleaned on a planned and routine basis. The post of housekeeping staff was still vacant. The annual review, provider led audits and in house infection control audit had not identified areas for improvement.

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 | |
| Regulation 15: Staffing | Not compliant |
| Quality and safety | |
| Regulation 27: Protection against infection | Substantially compliant |

Compliance Plan for Oran Services OSV-0005023

Inspection ID: MON-0040707

Date of inspection: 05/07/2023

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 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: We have review the inspection report and have reviewed our staffing in Oran Services.</p> <p>Staffing continues to be a huge challenge for us.</p> <ul style="list-style-type: none"> • We have a continuous advertisement running on our website for support workers in the west region that is also being advertised on indeed and irishjobs.ie. • We continue to run local advertisements in shops and local businesses. • We continue to organize local recruitment drives involving advertising for staff in local papers. • A support worker has been appointed and commenced on the 13/08/23. • A housekeeper has been appointed and is currently in the HR process and is expected to commence on 4/09/23 • A Team Leader has been appointed and will fill the temporarily vacant post on the 11/9/23. • We continue to work with staffing agencies to provide staff cover where there are shortages. • The Person in Charge has placed the training records of all staff, both Brothers of Charity & Agency Staff, working in Oran Services on file. | |
| Regulation 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • A new daily, weekly and monthly cleaning schedule was drawn up and was commenced | |

by all staff working in Oran Services on the 11/05/23.

- Specific items were purchased on the 27/7/23 to promote effective cleaning of individual pieces of equipment in the designated centre.
- A housekeeper has been appointed and is currently in the HR process and is expected to commence on 4/09/23
- A deep clean of the house has been arranged with an external company, and will be completed on the 21/08/23.
- IPC national clinical guidelines have been reviewed, amended, circulated and implemented in Oran Services. This will be reviewed at the next Team Meeting on the 22/08/23.
- The Person in Charge requested the National IPC Lead for the BOCSI to undertake an IPC audit for Oran Services on the 31/7/23. We are currently awaiting a time and date for same.
- Painting of the areas listed in the report as well as a general freshen up of the communal areas within the identified house was completed on the 27/7/23.
- New skirting boards and door jams have been sourced and due to be installed by 30/09/23
- The refurbishment and replacement of the radiator covers has been scheduled to be completed on the 27/8/23.
- The Person in Charge requested the estates dept. to seek quotes for the required refurbishment of the main bathroom. The initial quote has been received and has been submitted for approval on the 16/8/23.
- The issue regarding damage to the ceiling was resolved prior to the inspection, with remedial decorative work to be undertaken as part of the refurbishment outlined above.
- Flooring in separate toilet area has been arranged to be replaced, with work expected to be completed by the 25/09/23.

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 15(1) | The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | Not Compliant | Orange | 11/09/2023 |
| Regulation 15(5) | The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2. | Substantially Compliant | Yellow | 11/07/2023 |
| Regulation 27 | The registered provider shall ensure that residents who may be at risk of a healthcare associated | Substantially Compliant | Yellow | 31/08/2023 |

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| | infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | | | |
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