



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

Issued by the Chief Inspector

Name of designated centre:	Rea Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0005029
Fieldwork ID:	MON-0036523

About the designated centre

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

Rea services provide full-time residential care and support for up to six adults with a disability. The centre comprises of two houses both located in a rural setting. One of the houses is a single storey building which has three self-contained apartments, two of the apartments are occupied by residents with the third being used as staff accommodation. Each of the residents' apartments contains a bedroom, bathroom, kitchen diner and sitting room. The second house is a dormer style, two storey house which has four self-contained resident apartments. Three of the apartments have a bedroom, bathroom, kitchen, dining and sitting room facilities. The fourth apartment has its own bathroom and separate sitting room, with access to the centre's communal kitchen, sitting and dining room facilities. Residents are supported by a team of social care workers in each house and staffing levels are directed by residents' assessed needs. Residents in both houses are supported by overnight sleeping staff, who are available to provide assistance if required during the night. In addition, the provider has arrangements in place to provide management support to staff outside of office hours, weekends and public holidays.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

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 19 April 2023	09:00hrs to 15:30hrs	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 staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and optional face covering in line with the most recent national guidance. Staff confirmed that there were no persons with signs or symptoms of any infections or respiratory illness including COVID-19 in the centre.

The centre comprises of two houses both located in a rural settings. At the time of inspection, there were four residents accommodated in one house and one resident in the other house, all residents were individually accommodated in self contained apartments. The inspector visited both houses and met with the person in charge, staff on duty and four of the residents.

From conversations with staff and residents, observations in the centre and information reviewed during the inspection, it appeared that residents were supported and encouraged to have a good quality of life that was respectful of their individual wishes and choices.

Residents' apartments were generally spacious, comfortable and decorated to reflect individual preferences and assessed needs. Residents spoken with confirmed that they were happy and liked living in their own apartments. However, both houses visited were in need of maintenance, repair and redecoration. Many of the surface finishes including flooring, kitchen units, worktops, paintwork and furniture were worn and defective and not conducive to effective cleaning and disinfection. These issues had been identified at the previous inspection and the provider had not yet implemented its own compliance plan submitted following that inspection. Staff spoken with expressed their frustration with the time taken to have these issues addressed but were now satisfied that funding had been approved and works were scheduled. The person in charge advised that extensive upgrading works and redecoration of both houses was planned including new floors, fire doors, skirting boards, kitchen units, kitchen appliances, upgrading of bathrooms, laundry, repair to plasterwork, repainting and new furniture fixtures and fittings. Works had already commenced in one of the houses and works were scheduled to commence the week following the inspection in the other house. They confirmed that works were also scheduled to take place externally, including works to garden areas and driveways. They advised that all works were due to be completed within six months.

The inspector noted that while both houses were generally found to be visibly clean, some areas required more thorough and routine cleaning. Cleaning was the responsibility of all staff on duty. While there was cleaning checklists in place, there

was no comprehensive cleaning schedule in place, insufficient guidance in place to direct thorough cleaning of the environment, inadequate cleaning equipment available and the centres own infection prevention and control guidance in relation to cleaning and colour-coded cleaning systems was not being implemented in the centre.

Residents continued to be supported to engage in meaningful activities in the centre and in the local community. Some residents attended day services during the weekdays while others were supported with an individualised service from their apartment. On the morning of inspection, residents were still in bed in line with their preferred routines. Throughout the morning time, residents got up as they wished, some had breakfast independently while others were supported by staff with personal care and breakfast. The inspector met and spoke with four residents who were happy to show the inspector around their apartments. They all stated that they were happy living in the centre and enjoyed daily outings and got to go places and do activities that they enjoyed. One resident told the inspector how they enjoyed going out for a daily coffee and visiting hardware and DIY shops. They showed the inspector items displayed in their apartment which they had purchased during these shopping trips. They also spoke about looking forward to going away on holidays to Killarney next month and to shopping for new clothes for their holiday. Another resident spoke of enjoying attending sporting matches and visiting the local church to say prayers and light candles. One resident told the inspector how he was happy getting out seven days a week and enjoyed going for drives to places of interest, playing snooker, feeding the birds, visiting religious shrines and eating out.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There was signage located at the front entrance hall reminding visitors to stop and sanitise their hands. Hand sanitiser and face coverings were readily available. Each resident had their own living space to meet with visitors in private if they wished. Some residents were supported to meet family members outside of the centre, some regularly visited family members at home and stayed overnight. All residents were supported to maintain contact through regular phone calls with family members. Other residents were supported to visit family graves which was of great importance to them.

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 self-contained apartment and each resident had a documented intimate care plan in place. Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support.

Staff spoken with were very knowledgeable regarding residents' wishes, preferences and interests. There was a warm and friendly atmosphere in the centre.

Residents were supported to follow public health guidelines and staff spoken with confirmed that they continued to remind residents of the importance of infection prevention and control measures in place, in particular hand hygiene. There was evidence of on going consultation with residents through regular house meetings, at which issues such as satisfaction with the service, food, menus and preferred activities were discussed.

Throughout the inspection, it was evident that staff continually strived to ensure that the care and support provided to residents was person-centred in nature and effective in meeting their needs.

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).

There was a clear organisational structure to manage the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control in the centre. There were clear management and reporting structures in place within the centre. The person in charge was supported in their role by an area manager and service coordinator. The person in charge was suitably qualified, experienced and was frequently present in the centre. However, there was no team leader in one of the houses to ensure the day to day oversight of infection, prevention and control. The person in charge advised that recruitment to fill this post had taken place and a new team leader was due to commence in the role during the coming weeks. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The person in charge confirmed that the staffing levels and mix were in line with the assessed needs of residents, in line with the statement of purpose. On the day of inspection, there were adequate staff on duty to support the needs of residents. Staff spoken with confirmed that there was a regular staff pattern with normally three staff members on duty during the day and one on sleepover duty at night time in one house to support four residents living there. There was one staff member on duty both during the day and night to support the one resident currently living in the second house.

The person in charge and staff spoken with confirmed that training was provided on an ongoing basis. Staff confirmed that they 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, the training matrix reviewed was not up to date and did not include training completed in relation to infection, prevention and control. The inspector reviewed minutes of recent staff meetings which showed that staff training and upgrades required to both houses had been discussed. Staff spoken with confirmed that they continued to receive updated information regarding infection, prevention and control protocols including the most recent national guidance on the wearing of face masks.

There was insufficient guidance available in the centre to direct infection, prevention and control. There were no hard copies of the providers infection, prevention and control policies or a comprehensive cleaning guidance manual available in the centre. The person in charge advised that these were available on the computerised system, however, staff spoken with were unfamiliar with and unclear regarding the guidance. For example, the color-coded cleaning chart was displayed in the centre but was not being implemented in practice. There was signage displayed in both houses advising that antibacterial wipes only were to be used for cleaning contrary to the providers infection, prevention and control policy. The inspector noted that there were no supplies of colour coded cleaning cloths and mop heads available and there were no systems in place for cleaning and laundering of cleaning equipment in use.

There was a COVID-19 folder available to staff which contained the COVID-19 outbreak management plan, COVID-19 contingency response plan and the organisations guidelines for the prevention and management of COVID-19. However, It was noted that some of the guidance required review and updating to reflect current guidance and practice. The management team were aware of the requirement to notify the Chief Inspector of Social Services of specified events including suspected or confirmed cases of COVID-19, and to date all of the required notifications had been submitted. The staff team had access to an infection prevention and control nurse specialist in the organisation as well as public health specialist advice on infection prevention and control matters.

While the provider had some systems in place to monitor and review infection prevention and control in the centre, further oversight was required locally to ensure compliance with infection prevention and control guidance and policies as discussed in the report. The provider had reflected upon infection prevention and control as part of the six-monthly unannounced visits. The annual review for 2022 had been completed and included consultation with residents and family which indicated a high level of satisfaction with the service. It had reflected upon infection, prevention control training for staff and actions were identified in relation to works required to the buildings in order to enhance infection, prevention and control.

Quality and safety

Overall, there was evidence that a good quality and safe service was being provided to residents. However, substantial improvements were required to the repair and upgrading of parts of the premises to ensure they were conducive to effective cleaning, to more thorough cleaning of parts of the centre, to the provision of comprehensive guidance to direct thorough cleaning of the centre, to the facilities for the management of laundry and to ensure that care plans were comprehensive and up to date.

Staff supported the residents to understand the importance of infection prevention and control precautions in place. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read picture formats. Residents had been supported to understand the process of COVID-19 vaccination through the use of social stories. Staff spoken with advised that they continued to support and encourage the residents implement good infection, prevention and control practices.

All residents had been supported to avail of the COVID-19 and influenza vaccine programmes. Residents had up-to-date hospital and communication passports which included important and useful information specific to the residents in the event of they requiring hospital admission.

Residents' health, personal and social care needs were assessed. Staff spoken with were familiar with and knowledgeable regarding residents up to date support needs. The inspector reviewed the files of two residents and noted that care plans were in place for all identified issues, however, some care plans dated 2021 required review and updating. 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 the residents' files showed that residents had an annual medical review and had been referred and recently assessed by a range of allied health professionals including psychology, speech and language therapy(SALT), chiropody and optician.

There were systems in place for the management of waste. There was a contract in place for weekly collections of household waste. There was adequate and suitable storage facilities available for the storage of all waste.

Further improvements were required to the management of laundry. The laundry facilities for one house were located in an external open shed at the rear of the house. Due to the open and exposed nature of the external building, the lack of readily cleanable wall and floor surfaces this area was not suitably constructed for use as a laundry facility. The layout of the other house required that laundry be brought through the kitchen area to the laundry room contrary to good infection, prevention and control practices. The person in charge confirmed that a new laundry and utility area was being provided to replace the externally located laundry, that new doors leading directly to the external areas were being provided to the apartment so that soiled laundry did not have to pass through the kitchen. They also advised that the existing laundry area was being upgraded and that additional washing machines were being provided as part of the general refurbishments works

scheduled. Systems were also required to ensure that cleaning equipment including cleaning cloths and mops heads were suitably laundered in line with the infection, prevention and control policy.

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). Many of the areas for improvement had been identified at the previous inspection and the provider had not yet implemented its own compliance plan submitted following that inspection. Both houses in the centre were in need of maintenance, repair and redecoration. Many of the surface finishes including flooring, kitchen units, worktops, paintwork and furniture were worn and defective and not conducive to effective cleaning and disinfection. However, the provider did have a plan in place to carry out extensive refurbishment works to both houses and this work had recently commenced. Further improvement and oversight was required to ensure that there was guidance available in the centre to direct cleaning, infection, prevention and control and to ensure that these policies and guidance was fully understood and implemented in the centre.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Rea Services OSV-0005029

Inspection ID: MON-0036523

Date of inspection: 19/04/2023

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> <ul style="list-style-type: none"> • The Person In Charge has linked with our Quality Enhancement & Development department as well as our Infection Prevention & Control staff to ensure that clear guidelines are put in place to meet the standards required by HIQA. This will ensure that routine cleaning is completed in an effective manner. The role of Team Leader in one house will be filled shortly and this will ensure better oversight of infection prevention and control. Our quality team are currently reviewing the guidance in relation to infection prevention and control, which is due to be completed by the end of July 2023. Hard copies as well as computerised versions of this updated guidance, along with a comprehensive cleaning guidance manual, will be available in the centre. This will ensure that all staff are familiar with the requirements to comply with Regulation 27. All staff have up to date training in relation to infection prevention and control in community settings. All guidance requiring review in relation to Covid -19 outbreak management plans, contingency response plans, and guidelines for the prevention & management of Covid -19, have been reviewed since the inspection, and are up to date. • Extensive upgrading works and redecoration of both houses has commenced, including new floors, fire doors, skirting boards, kitchen units, kitchen appliances, upgrading of bathrooms, laundry, repair to plasterwork, repainting and new furniture, fixtures and fittings. This will allow for management of Infection Prevention & Control in a better manner and ensure compliance with Regulation 27. <p>House 1</p> <ul style="list-style-type: none"> • Work has commenced in the past two weeks to upgrade the kitchen and laundry facilities, including an additional washing machine. The dining area, hallway and sitting 	

room,, as well as rooms upstairs will be similarly upgraded. This work will be completed by 31/07/2023.

- Each apartment will be fully upgraded in turn. Each will take 4 weeks, with a final completion date of 30/11/2023 for this house.

House 2

- Work commenced on one apartment on 25/03/2023. This apartment will be fully refurbished by 30/06/2023

- Work will then commence on the main section of the house to include a new laundry area, new kitchen, and to fully renovate the building. This work will be completed by 30/09/2023.

- The second apartment in this house will then be renovated with a completion date of 30/11/2023.

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).

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	30/11/2023