



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

## Issued by the Chief Inspector

Name of designated centre:	No 3 Fuchsia Drive
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	13 April 2023
Centre ID:	OSV-0005139
Fieldwork ID:	MON-0038938

## About the designated centre

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

No 3 Fuchsia Drive consists of a detached bungalow and a separate apartment located behind the bungalow. The centre is located on the outskirts of a large village and provides full-time residential care for a maximum of four residents of either gender, over the age of 18, with intellectual disabilities. Each resident has their own individual bedroom with three resident bedrooms in the bungalow and one in the apartment. Other facilities in the centre include kitchens, living areas and bathrooms. Support to residents is provided by the person in charge, a social care leader, social care workers and care assistants.

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

Number of residents on the date of inspection:	3
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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
Thursday 13 April 2023	09:00hrs to 16:32hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The residents met on this inspection were seen to be well dressed and appeared comfortable with staff support provided. Large parts of this centre were seen to be nicely presented, homelike and clean. However, some aspects of the centre were seen that needed cleaning.

This inspection was focused on the area of infection prevention and control (IPC). The designated centre inspected was comprised of a bungalow and a separate apartment located to the rear of the bungalow. While the centre had a capacity for four residents, at the time of this inspection three residents were living in the centre. Two of these residents lived in the bungalow (which had one vacancy) while the remaining third resident lived on their own in the apartment. All three of these residents were met by the inspector on the morning of the inspection.

One of these residents was met in the bungalow's kitchen-dining area. The resident was seen to be well dressed and greeted the inspector. This resident indicated that they were going to work which they liked and then started talking about their upcoming birthday. With the help of a staff member the resident then showed the inspector some physical photographs they had of a visit with some family members, and then further photographs of the resident and their family that were kept on a computer tablet.

The second resident living in this bungalow then entered the kitchen-dining area and greeted the inspector. This resident, who was also seen to be well dressed, talked about their family and some events in their life. It was indicated to the inspector that this resident would shortly be going to their work where they did word searches which the resident said that they liked. Both of the residents living in the bungalow appeared comfortable in the presence of staff members on duty and soon left the centre with one staff member to go to their day services. These two residents had not returned to the centre by the end of the inspection and so were not met again.

Shortly after these two residents left, the inspector, in the presence of two staff members, met with the third resident who was living in the apartment. The resident initially seemed calm and at the suggestion of staff showed the inspector a photo book. As the resident turned the pages of this book they pointed out photographs of trips away from the centre and photographs of the resident with each of the two staff members present. As they were doing so the resident appeared happy and was seen to smile when looking at certain photographs. It was indicated that this resident would shortly be going for a drive and once they left, the inspector reviewed their apartment primarily from an IPC perspective. The inspector did not meet with this resident again during the inspection.

The kitchen-living area of this apartment was seen to be presented in a homelike manner with couches, an electric fire, a television and numerous photographs of the

resident. The resident's bedroom was also found to be nicely presented with a wardrobe, chest of drawers, and more photographs hanging on the bedroom's walls. Large parts of this apartment were seen to be clean.

However, the inspector noted that, while ventilation was provided for in the apartment, there appeared to be an area of mould on the ceiling in one corner. In addition, it was particularly evident that there was mould present along the border of the door into the apartment and its adjoining window. Storage of some items in the apartment also posed challenges from an IPC perspective. For example, in one press in the kitchen-living area it was seen that some pots and pans used for food preparation were stored beside cleaning products, while a wheelchair was stored in the resident's en suite bathroom.

Similar storage issues were identified in the bungalow. These included an ironing board being stored beside cleaning equipment in one press, and weighing scales being stored on top of cleaning products in another press. Some of the products stored in these presses included wipes, a vacuum cleaner, brushes and cleaning chemicals. In another of the presses reviewed by the inspector it was seen that supplies of personal protective equipment (PPE) such as gloves, face mask and gowns were present. The inspector reviewed a sample of this PPE. While some of it was found to be in date, it was noted that one box of face masks had an expiry date of January 2023, and some gowns had a production date of June 2020 with a stated validity period of two years.

The presses where PPE and cleaning products were stored were located in the bungalow's kitchen-dining area. In general, the kitchen décor was noted to be very clean and modern in appearance. However, the oven door appeared stained and streaked and some paintwork was missing from an area on the wall over the hob. It was also noted that that separate washing and dryer machines were located in the food preparation areas in the kitchen-dining area. This arrangement was not ideal from an IPC perspective as it increased the risk of cross contamination. There were some facilities available which did promote effective IPC practices such as foot pedal operated bins and an automatic hand sanitiser dispenser.

Aside from the kitchen-dining area, the other rooms in the bungalow were generally homelike and well-maintained. The living room had couches, soft furnishings, a television and a stove, while residents' bedrooms were also nicely presented. For example, one resident's bedroom had storage facilities and a television provided. The flooring in the bungalow's hall area also appeared noticeably modern and clean. Generally, it was seen that large areas of this bungalow appeared clean with a staff member seen to do some cleaning during the morning of the inspection.

Despite this, the inspector did observe some aspects of this bungalow which needed further cleaning. These included blinds in the living room and one resident's bedroom that were noticeably dusty, the electronic vent in the bungalow's main bathroom which was also dusty, and mould being observed around the perimeter of some windows. In addition, in one resident's en suite bathroom it was particularly apparent that there was mould running the entire length of one side of the bathroom's ceiling. It was indicated to the inspector that issues around dampness

had been raised with the provider's maintenance department.

In summary, some areas of mould were seen in both the apartment and bungalow which made up this centre. Some facilities were provided which supported IPC practices, although some storage arrangements required improvement. Residents were observed to be comfortable with the staff members on duty.

The next two sections of the report present 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 service being delivered.

## Capacity and capability

Reporting structures and monitoring systems were in place for this centre related to IPC but some of the monitoring systems required improvement. Staff were provided with relevant IPC training and measures were in operation to ensure that staff were provided with IPC updates.

This designated centre was registered until October 2024 with no restrictive conditions. The centre had last been inspected on behalf of the Chief Inspector of Social Services in January 2022, where an overall good level of compliance with the regulations was found. One of the regulations that was reviewed during the January 2022 inspection was Regulation 27 Protection against infection. This regulation requires the provider to adopt practices that are consistent with the 2018 National Standards for infection prevention and control (IPC) in community. In October 2021, the Chief Inspector started a programme of inspections focused on Regulation 27 and IPC practices. The current inspection was focused on these areas with particular areas of attention being the IPC governance and monitoring arrangements in place for this centre.

There was evidence that the monitoring systems enacted by the provider did consider matters related to IPC. For example, an unannounced visit to the centre carried out by a representative of the provider in March 2023 identified issues with mould and highlighted a need to update the centre's contingency plan amongst other findings. There were indications that such matters were being followed up. For example, while mould continued to be an issue, there was a quality improvement plan in place related to this matter. The centre's contingency plan had also been recently reviewed. This contingency plan was noted to be centre-specific and contained information about supporting individual residents to isolate if required. It was noted though that this contingency plan focused solely on COVID-19 rather than other transmissible illnesses. This was also the case for some risk assessments in the centre.

However, there were indications that some of the monitoring systems in operation were not effective in identifying relevant IPC matters. Monthly IPC audits had been

completed in 2023 which covered areas such as cleaning and PPE. These audits did not highlight any areas in need of improvement but this was not consistent with the findings of the provider unannounced visit in March 2023 and this inspection. For example, the most recent IPC audit had been completed the day before the March 2023 provider unannounced visit but made no reference to the mould in the centre. In addition, all of the 2023 audits had not raised any issues regarding PPE but during this inspection it was seen that PPE had either expired early in 2023 or had passed its validity period in 2022.

While aspects of the monitoring systems in operation did need some improvement from an IPC perspective, it was found that the provider's organisational structure allowed any IPC concerns to be reported and additional guidance or advice to be sought. In addition, a copy of the 2018 national standards were present in the centre along with various IPC guidance documents completed by the provider and other bodies. Systems were also in operation for any changes in practices or updates related to IPC to be shared amongst staff. For example, staff spoken with during this inspection outlined how they would be informed about such updates while a recent notice relating to practice changes in mask wearing was seen to be on display in the centre.

Notes of staff team meetings reviewed indicated that IPC matters were regularly discussed. IPC was not indicated as being discussed in a sample of staff supervision records seen by the inspector. Other records provided to the inspector indicated that staff working in this centre had completed relevant training in areas such as hand hygiene, PPE, and the 2018 national standards. Staff members spoken with during this inspection generally demonstrated a good knowledge of IPC practices used in the centre such as cleaning. Although, it was noted that staff did give the inspector differing information around the washing of any soiled laundry. It was subsequently indicated to the inspector that there was no protocol in place to provide guidance in this area.

Aside from matters related to IPC, towards the end of the inspection the inspector became aware that a resident had recently not received some prescribed medicines for a period of time. This had a negative outcome for the resident and led to them being admitted to hospital. The inspector queried if this had been considered from a safeguarding perspective and it was indicated by the person in charge that it had not. Following this discussion, this matter was referred to the provider's designated officer (person who reviews safeguarding concerns). It was subsequently confirmed that this matter was to be considered as a safeguarding issue, with a retrospective notification submitted to the Chief Inspector. While this notification did outline actions that had been taken in response to this incident, the Chief Inspector requested further assurances from the provider. This took place outside of the inspection process.

## Quality and safety

There was evidence of daily cleaning being done but some gaps were seen in some cleaning records. Some expired products were present in the centre. Residents were being given information related to IPC but there were some inconsistencies around how this was being done.

As highlighted earlier in this report, during the inspection some PPE was identified that had either expired or passed its validity period. Aside from the PPE kept in the centre, there were also supplies of hand sanitiser available. These took the form of automated hand sanitiser dispensers, which were operational, and free standing bottles of hand sanitiser located at various points throughout the centre. The inspector viewed some of these bottles and observed that some were marked as being in date, some did not indicate any expiry date, and one bottle was indicated as expiring in March 2023. In addition, when viewing the vehicle that was provided for the centre, it was seen that some contents of the vehicle's first aid kit, such as bandages and sterile water, had expired in November 2022.

The centre's vehicle was seen to be reasonably clean when viewed by the inspector. Cleaning schedules in place for the centre included this vehicle and staff spoken with indicated that it was to be cleaned after each use. While some records reviewed did indicate that the vehicle was generally cleaned daily, other records maintained indicated that the vehicle was not cleaned after each use. Aside from the centre's vehicle, the cleaning schedules for the centre outlined specific areas of the premises that were to be cleaned on a daily basis. Records reviewed for all of 2023 indicated that cleaning was done daily in the centre. Although the inspector did observe some days when specified cleaning, such as cleaning the microwave, was not indicated as being completed, these were very much in the minority.

While the cleaning schedule in use at the time of this inspection included various areas of the premises, the provider's unannounced visit in March 2023 had highlighted a need to include some additional items to this schedule such as vent fans. It was also noted that blinds in the centre, some of which were seen to be visibly dusty on the day of inspection, were not included in these cleaning schedules.

The inspector queried with staff how residents were monitored for any signs or symptoms of a respiratory illness, with relevant guidance highlighting a need for there to be active daily monitoring for these. Staff members spoken with demonstrated a good knowledge of the signs and symptoms to look out for and indicated that they ask residents each morning how they are but were not recording this.

Staff also outlined how they would give information to residents on various topics, including IPC, to keep them informed. Easy-to-read documents on matters such as hand hygiene and COVID-19 were available to support this and some IPC signage was on display around the centre. It was also indicated that there were monthly residents' meetings and specific one-to-one meetings between individual residents and their keyworker. It was noted that the monthly IPC audits indicated that such meetings were taking place weekly. The inspector reviewed a sample of residents' meetings notes and read that matters related to IPC were discussed at most

meetings in 2023. There appeared to be inconsistency in the frequency of one-to-one meetings for residents. For example, one resident had two such meetings in February 2023, but another had not had such a meeting since July 2022.

## Regulation 27: Protection against infection

The provider had ensured that some IPC practices were being implemented in this centre but areas for improvement were identified during this inspection.

These included

- Mould was present in some areas, most notably in a resident's en suite bathroom
- Items such as vent fans and blinds were not included in centre's cleaning schedule and were seen to be dusty on the day of inspection
- Records provided indicated that the centre's vehicle was not cleaned after each use, in line with the procedures in place
- A protocol to provide guidance for staff on the washing of soiled laundry was not in place
- Some PPE, hand sanitiser, and the contents of a first aid kit had either expired or had passed their validity period
- The storage of some items in the centre alongside some cleaning equipment posed challenges from an IPC perspective
- Documentation, such as the centre's contingency plan and risk assessments, focused on COVID-19 only rather than other relevant transmissible illnesses such as influenza
- Some of the IPC monitoring systems, and their implementation, needed improvement to ensure that relevant issues were identified

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for No 3 Fuchsia Drive OSV-0005139

Inspection ID: MON-0038938

Date of inspection: 13/04/2023

## 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> <p>The Provider will ensure that:</p> <ul style="list-style-type: none"> <li>- The Person in Charge and Team Leader will provide greater oversight on monitoring of IPC Procedures including checking that the dusting is carried out.</li> <li>- Clarity is provided to the Team on               <ol style="list-style-type: none"> <li>1. The frequency of cleaning and ventilation of vehicles.</li> <li>2. The recording of symptom checking will be provided to the Team.</li> <li>3. The frequency of IPC discussion with residents</li> </ol> </li> <li>- Staff will be reminded of the need to adhere to the cleaning schedules at the next staff meeting on May 9th 2023</li> <li>- The Person in Charge will add additional specific areas for cleaning to the Cleaning Schedule including vent fans, blinds in living room and areas where mildew is appearing pending resolution of this issue by the Provider’s Maintenance Department.</li> <li>- In the house, there is a written guidance for staff that sets out reference to laundry. Staff will be reminded of this information at their May 2023 team meeting.</li> <li>- All hand sanitizer and PPE equipment will be checked to ensure they are in date monthly as part of infection control audit.</li> <li>- New First Aid kit contents have been purchased and all items in date until 2024. A staff member has been appointed to do monthly audit on first aid kit.</li> <li>- Storage has been reviewed to ensure that items in the Centre are not stored alongside cleaning equipment. Iron and ironing board have been moved to a more suitable place. Cooking pots and cleaning supplies are stored separately.</li> <li>- The location for storage of a residents wheelchair needed to support night time evacuation will be reviewed to minimise IPC risk and the location of the washing machine and dryer near the food preparation area of the kitchen/dining room will be reviewed to minimise risk of cross contamination 30/06/2023</li> </ul>	

- The Centre's contingency plan has been updated to include influenza and other respiratory infections.
- The Centre's Risk assessments have been updated to include influenza and other respiratory infections and the Risk Register updated accordingly.
- The Person in Charge will explain to the team in staff team meeting May 9th 2023 the importance of the monthly infection control audit and how to escalate to the Provider any findings that cannot be addressed by the Team.
- The Person in Charge follows up on their maintenance request to investigate the mildew in identified areas in the Centre. The maintenance team have been asked to confirm the significance and extent of the mildew. In the interim it will be explained to staff the need for greater ventilation in all rooms by opening the windows daily and day to day wiping of these areas which will mitigate against the issue of moisture causing the damp areas. A dehumidifier has been ordered by the Person in Charge to assist with same. All areas of the home that attract dampness will now be added into the daily cleaning schedule 30/05/2023

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/06/2023