

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

Issued by the Chief Inspector

Name of designated centre:	Caislean
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	04 July 2023
Centre ID:	OSV-0005361
Fieldwork ID:	MON-0040658

About the designated centre

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

Caislean is a centre run by Brothers of Charity Services Ireland. A full-time residential service is provided for a maximum of two residents, both of whom must be over the age of 18 years. The centre is located in close proximity to the services and amenities offered by the busy town. The house is a two-storey premises where residents have access to their own bedroom, some en-suite facilities, shared bathrooms, communal areas and a garden. The model of support is social and staff are on duty both day and night to support the residents. Day to day management and oversight of the service is delegated to the person in charge supported by a social care worker.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 4 July 2023	10:15hrs to 16:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

This inspection was focused on Regulation 27: Protection against infection. To demonstrate compliance with Regulation 27 the provider must have procedures in place that are consistent with HIQA's *National Standards for infection prevention and control in community services (2018)*. There was much evidence of good practice focused on protecting residents and staff from the risk of preventable infection. However, there was scope for some improvement to ensure practice was consistent and in line with the provider's policies and procedures.

This inspection was unannounced. On arrival and prior to entering the house a staff member ascertained that the inspector was well and free from any symptoms that may have been indicative of an illness that could have been transmitted to residents and staff. The house presented very well externally and internally and while homely it was on visual inspection very clean. The design and layout of the house supported infection prevention and control. For example, each resident had their own bathroom and there were additional sanitary facilities for staff. There were some minor issues to be addressed such as the review of loose flooring in one bathroom.

Both residents were at home. One resident was in the process of having their breakfast and the second resident was in their bedroom receiving personal care from their support staff. The staffing levels observed were as described to the inspector and each resident had one-to-one support from staff from 10:00hrs to 22:00hrs each day.

Verbal communication is neither resident's primary means of communication but both residents engaged with the inspector using a combination of some vocabulary, gestures and manual signing. One resident does use a communication application on their personal tablet but didn't express any interest in using this when asked by the inspector if they would like to. Both residents had good comprehension and either said yes or nodded to indicate yes when asked by the inspector for example if their day was going well, if they liked and were happy in their home. The person in charge described how the staff team used a range of accessible material and the communication application to explain to residents matters such as availing and attending for vaccinations or screening for illness and infection when this was necessary. The person in charge described the importance of not overwhelming residents with too much information and said that if a resident declined care or an intervention this was always respected.

The inspector noted that both residents presented as very relaxed and content in their home and with the staff members on duty. Residents lived compatibly together but generally preferred and enjoyed different routines and activities. This was supported by the staffing levels in place and the design and layout of the house. The person in charge described how one resident enjoyed music therapy and both residents loved going to Zumba. Throughout the day residents came and went from the house with a staff member either walking or driving to local services and

amenities. Residents were encouraged to participate in the general routines of the house such as the grocery shop, filling the dishwasher or some light gardening. In the evening the inspector observed the very easy and comfortable interaction between a staff member and one resident as together they hung the resident's laundered personal items on the clothes line in the garden.

Both residents had regular contact with home and family. The person in charge confirmed there were informal arrangements in place for screening the wellbeing of visitors (such as experienced by the inspector) but no restrictions on visits unless this was agreed and on the basis of risk. Families had been invited to provide formal feedback to inform the provider's annual review of the service. One completed questionnaire was returned and the feedback provided was positive. The person in charge said that informal feedback was regularly provided by families and while suggestions or queries may be raised no complaints had been received.

The inspector saw from records how public health restrictions such as visiting restrictions and the closure of amenities had impacted on residents. However, while this learning was reflected in the records seen and the inspector saw that residents were out and about each day with staff, the recording and tracking of how residents were supported to reengage with society and activities they had previously enjoyed such as going for a pint with support from staff, could have been much better. The inspector noted how healthy and well both residents looked. Residents said that they felt well. However, again the inspector noted that the associated healthcare plans also required review and updating. Given the improvement that was needed in these records the provider was judged to be not-compliant with Regulation 5: Individualised assessment and personal plan.

In summary, this service presented as a good, person centered service where overall, infection prevention and control was part of the routine delivery of care. The provider had most of the elements of the standards in place and was judged to be substantially compliant with the regulation. Some improvement in infection prevention and control governance was needed.

The next two sections of this report will discuss the findings of this inspection in more detail, the governance and management arrangements in the service and, how these impacted on the quality and safety of the service provided to residents by ensuring a good level of compliance with Regulation 27: Protection against infection.

Capacity and capability

Overall, the arrangements that the provider had in place ensured the provider demonstrated a good level of compliance with Regulation 27: Protection against infection. Some improvement was needed in infection prevention and control governance. For example, the provider needed to ensure that infection prevention and control quality assurance systems be they formal or informal were at a frequency that assured identified deficits were addressed and that practice was

consistent.

The person in charge confirmed that they were the identified lead person for the infection prevention and control arrangements in the centre. This was reflected in the provider's plan for responding to any outbreak of infection. The person in charge had recently updated this plan and each resident's isolation plan in the event they had to isolate to reduce the risk of transmitting infection. The person in charge also ensured that these plans were readily available to staff as were a range of hard and soft copy infection prevention and control policies and procedures. The person in charge was open to and had accessed external knowledge to review and provide guidance on a specific procedure used in the centre.

The person in charge had sought this external advice based on the findings of an infection prevention and control audit they had completed in May 2023. Similar audits had been completed previously and reviews such as the provider six monthly quality and safety reviews also continued to review the infection prevention and control arrangements in the centre. While the findings of those reviews and the findings of this HIQA inspection found much evidence of good practice there was also evidence that inconsistency in practice could and did happen. For example, the person in charge had found inconsistency in relation to the procedure referred to above and inconsistency between practice and the providers cleaning policy. Repeat reviews had noted the failure of some staff members to complete some modules in the suite of infection prevention and control training the provider said they had to complete. This was captured for example in the 2022 annual service review and again in the May 2023 infection prevention and control audit.

The inspector reviewed the staff training matrix and saw that while all staff had completed a range of training that included on-line and face-to-face hand hygiene training and training in standard and transmission based precautions there were still some training gaps. For example, training in cleaning and disinfecting and the management of body fluids spills. The house presented as very clean but there was some residual inconsistency between the cleaning policy and practice in the centre.

The staff duty rota was well-maintained and the planning of the rota provided the consistency that residents needed. The provider's outbreak plan outlined the plan for maintaining staffing levels and arrangements in the event of an outbreak of infection in the centre. There had been such an outbreak in the summer of 2022. The inspector was advised that the outbreak plan had worked for staff and residents and notifications to HIQA indicated that the provider had managed to control the spread of COVID-19. However, evidence of a formal review of the outbreak that assessed and reported the effectiveness of infection prevention and control practices and to support improvements as needed was not available in the centre.

Quality and safety

There was some improvement needed. Overall however, based on what the

inspector observed and read infection prevention and control was part of the routine care and support provided in this centre.

For example, as stated in the opening section of this report the house on visual and closer inspection was very clean. Each resident's bedroom was decorated to suit and reflect their personal preferences. The rooms were personalised, welcoming and homely but tidy and clean. Shared areas such as the kitchen were also clean and organised. Equipment such as the cooker, microwave and refrigerator were obviously regularly and effectively cleaned. Food products were stored appropriately in the refrigerator. Bins were pedal operated and waste was collected by a local waste contractor. The person in charge confirmed that each resident's personal laundry was completed separately and staff had access to water soluble bags if these were needed. A kit for dealing with body fluid spills was also available and in date.

The design and layout of the house and the facilities provided supported infection prevention and control and minimized the risk of transmitting infection. Each resident had their own bathroom one of which was ensuite. There were additional sanitary facilities provided at ground floor and first- floor level that staff and visitors to the service could use. One room had been fitted out with shelving to provide storage which meant that there was no evident problem with storage and general clutter.

There were some matters to be addressed. For example, the flooring in one resident's bathroom was lifting. The resident also needed shelving for their personal items some of which were stored on top of the toilet cistern. Based on what the inspector observed more suitable storage and better management of cleaning equipment was needed. The practice observed was not in line with the cleaning procedure.

While the provider did need to address the outstanding training with staff overall the practice observed indicated that the staff team understood their role and responsibility in ensuring good infection and control practice. For example, the general cleanliness of the house. Staff were also seen to be attentive to completing regular hand hygiene and using personal protective equipment (PPE) as needed and as appropriate to the task.

The inspector saw how staff prompted and supported residents to complete hand hygiene. On the day of inspection the inspector saw that equipment used for a specific care intervention was clean and hung to dry as instructed in the recently implemented procedure.

As discussed in the opening section of this report both residents (who the inspector has previously met with) looked very well. The staff members were familiar with each resident and their general presentation and maintained a daily record of each resident's well-being. Staff sought advice as needed and ensured that residents had access to the clinicians and services that they needed such as their general practitioner (GP), dentist, optician, physiotherapy, occupational therapy, speech and language therapy and specialist hospital based services. Clinical reports on file and

other records seen such as the regular monitoring of resident body weight indicated the care provided was appropriate and effective. The person in charge described how residents were supported to avail of vaccinations. Both residents were currently fully vaccinated against the risk posed by COVID-19 and would be supported to avail of further vaccinations as advised by their GP.

However, this monitoring and care was not reflected in the standard of record keeping in place such as the plans designed to guide and ensure the provision of the appropriate healthcare. These plans were not appropriately reviewed and updated and did not provide a clear, accurate and up-to-date record of the status of the resident's health or the effectiveness of the care provided. Where a change had been noted by staff that required ongoing monitoring and further possible intervention based on medical advice received, there was no process in place that ensured accurate and consistent monitoring and appropriate follow-up with the GP.

Regulation 27: Protection against infection

The provider had arrangements in place that were consistent with HIQA's *National Standards for infection prevention and control in community services (2018)*. Overall this ensured the delivery of safe and effective infection prevention and control practice. However, there was some scope for improvement. For example, there were some minor environmental matters to be addressed such as the repair of some flooring. A review was needed of the storage and maintenance of cleaning equipment such as buckets and mops so as to reduce the risk of contamination and cross-infection. Good provision was made for hand-washing but the prominence and availability of hand hygiene products such as hand-rub could have been better. The provider needed to review its arrangements for quality assuring infection prevention and control as it was evident that there was a risk for inconsistency and, deficits that had been identified by quality assurance were not always addressed. For example, while the findings of this inspection indicated that staff were aware of, understood and exercised their infection prevention and control responsibilities, there was outstanding staff training

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The personal plan reviewed by the inspector acknowledged the impact on resident wellbeing of the public health restrictions implemented in response to COVID-19 and the importance of supporting the resident to reconnect with society and life in general. The plan set out in August 2022 the goals and objectives to be achieved in this regard but there was no update on the progression or the status of these objectives. Likewise, the personal plan included the plans for guiding and monitoring

the effectiveness of the healthcare needed by the resident. However, some of these plans had not been updated since March and April 2022, were not an accurate reflection of the resident's current health status and did not reflect recent changes, reviews and clinical recommendations

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	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant

Compliance Plan for Caislean OSV-0005361

Inspection ID: MON-0040658

Date of inspection: 04/07/2023

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The service provider & PIC will ensure the following actions are taken to ensure compliance with Regulation 27: Protection against Infection:</p> <ul style="list-style-type: none"> o Where required, staff members have been requested to complete or refresh their IPC related training. A deadline has been set to have this completed by. [Completion date: 31/07/2023] o PIC will continue unannounced visits to the designated centre and will complete unannounced IPC spot checks on a quarterly basis. o IPC audits will continue to be completed six-monthly, or more often if required; by the PIC and members of the senior management team. o Site-specific IPC protocols and procedures will be reviewed in detail in upcoming scheduled team meetings. This will include review of the cleaning systems in the DC. [Completion date: 31/07/2023] o The PIC has requested the replacement of flooring to be completed in one individual's bathroom to ensure the premises presents in good condition. [Completion date: 31/12/2023] o The PIC will ensure that a formal review of any future outbreaks that occur in the centre is completed in a timely manner to review the effectiveness of infection prevention and control practices in the centre. o The PIC will enhance storage in place for one individual in their bathroom to ensure effective IPC measures. [Completion date: 30/08/2023] o All cleaning equipment will be stored in an appropriate area. The PIC will ensure isolated and segregated storage is implemented for buckets and mops to reduce the risk of contamination and cross-infection. [Completion date: 30/09/2023] o Additional hand-rub dispensers and toilet roll dispensers will be purchased and fitted where required. [Completion date: 30/09/2023] <p>[Overall completion date: 31/12/2023]</p>	

Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The service provider & PIC will ensure the following actions are taken to ensure compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> o The PIC will ensure that a full comprehensive review of the resident’s plan, is completed as a priority. This review will include the resident’s healthcare and clinical recommendations. o Oversight of the implementation of the recently introduced Personal Outcome Measures will be provided by the PIC who will monitor the creation and implementation of outcome measures to ensure consistency between the individuals plan and daily activities. Support and guidance will be given to all staff to ensure regular updates are completed. o All staff will attend training on POMS, to aid their understanding and skills in supporting individuals to achieve goals, as per their wishes. o The PIC in partnership with the Social Care Worker will ensure personal plans reflect the residents needs and that goals set, are measurable and achievable within stated timeframes. o Personal Plans will be reviewed subsequently at least six-monthly, or sooner if required due to change in needs or circumstances. o Resident’s health care plan will be reviewed to provide a clear, accurate and up-to-date record of the individual’s care and to ensure accurate and consistent monitoring of the resident’s health care needs. o Health Care Plan will be reviewed at least six monthly or sooner to assess the effectiveness of the care provided and to ensure appropriate follow-up with medical professionals as required. <p>[Completion date: 31/12/2023]</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall	Not Compliant	Orange	31/12/2023

	assess the effectiveness of the plan.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	31/12/2023