



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

Issued by the Chief Inspector

Name of designated centre:	Honeysuckle Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	15 June 2023
Centre ID:	OSV-0004469
Fieldwork ID:	MON-0040488

About the designated centre

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

Honeysuckle services is a service run by the Brothers of Charity Services, Ireland. The centre provides a service for up to six male and female adults who have an intellectual disability. The service can support individuals aged 18 years upwards. Two houses are located on the outskirts of a town in Co. Roscommon, and the other house is located in another adjacent town in Co. Roscommon. All houses are within easy access to all local amenities and the community. Transport is provided to support residents to access these local amenities. The houses are comfortable and suitable for purpose and have access to gardens. Staff are on duty both night and day to support residents living in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 15 June 2023	18:00hrs to 19:10hrs	Jackie Warren	Lead
Friday 16 June 2023	09:30hrs to 13:05hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to review the infection prevention and control measures that had been put in place by the provider, in line with the relevant National Standards on infection prevention and control in community settings. The inspector met and spoke with residents and staff, and also observed the interactions and practices in the centre during the inspection.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

As most residents preferred a home-based service this was accommodated. These residents had choices around doing things in the centre, attending activities they enjoyed, having outings, or going out to do things in the community. The centre had various transport options, which could be used for outings or any activities that residents chose. The staffing levels in the centre ensured that residents could be supported by staff to do their preferred activities. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, shopping, visiting families, gardening, cinema, arts and crafts, and music. One resident was a keen artist, and their work was displayed in the centre. This resident was also planning to hold an art exhibition in the community.

Some residents were not in the centre during the inspection, but the inspector met with three residents who lived there. One resident had been out at day centre activities but met with the inspector on return in the evening, and two residents who had a home-based service met with the inspector during the day. Two other residents had gone to Galway with staff for the day as they had things to do there, while another was staying at the family home on both days of the inspection. Two residents, who liked to socialise together, were going out to a local hub for coffee, and were going grocery shopping afterwards. They talked of their plans to go to the Galway Races and said that they had gone last year and really enjoyed it. These residents also liked gardening and showed the inspector the beds in which they were growing plants. Another resident told the inspector of their interests which included taking long walks and going to football matches. This resident liked to be involved in housekeeping tasks and spoke of doing their own household jobs such as cleaning and laundry. All residents who spoke with the inspector liked to go to weekly mass and said that they were supported to do this.

Residents who spoke with the inspector said they were very happy with all aspects of living in the centre. These residents said that they were well supported by staff, who provided them with good care, and that they always made their own choices around their lives. A resident said that they enjoyed the company of staff

and got on well both with staff and the other resident who lived in the house. The resident was going to a fund raising barbecue and disco in the community that evening and was looking forward to it. Residents knew who was in charge in the centre, and they said that they trusted the staff.

Residents also told the inspector that they enjoyed the meals in the centre. They explained that they had choices around their food shopping and meals, and that staff prepared meals that they liked, at the times that suited them. They also said that they often went out to the town for a meal, coffee or a drink and that they enjoyed this. During the inspection, the inspector saw residents having freshly made home-cooked meals that looked wholesome and appetising.

The centre consisted of three houses, two of which were located close to a rural town and the third was centrally located in a nearby town. The locations of the centre gave residents good access to a wide range of facilities and amenities. The centre suited the needs of the people who lived there and provided them with a safe and comfortable living environment, and there was sufficient room for residents to have private space, if they chose to. Each resident had their own bedroom. The bedrooms that the inspector saw had been decorated, personalised and equipped in line with residents' preferences and needs. There was Internet access, television, games, and music choices available for residents. One house in the centre in the process of being upgraded and redecorated to improve comfort for residents. The kitchen had been fully refurbished to a high standard, and painting was in progress. Residents had been involved in the decision making and had chosen furniture and paint colours.

All houses in the centre had access to gardens and outdoor spaces, although extensive renovations to gardens of one house were at an advanced stage of planning. The person in charge had identified that although the grounds were spacious, the layout was not accessible and therefore the space could not be fully and safely utilised by residents. The proposed garden renovations also included plans for space to be developed for gardening and vegetable production which was a great interest of resident who lived there.

It was clear that residents who availed of this service enjoyed a good quality of life, and that their welfare was being actively prioritised. Throughout the inspection, residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences. Staff who spoke with the inspector had a very good knowledge of residents' likes, dislikes and care needs.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how this affects the quality and safety of the service being delivered.

Capacity and capability

Overall, there were suitable management arrangements in place to ensure that a good quality and safe service was provided for people who lived in this centre, that residents' quality of life was well supported and that residents were safeguarded from infectious diseases, including COVID-19. However, improvement was required to cleaning process guidance, and to an aspect of the transfer process.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who was responsible for the management of two designated centres. The person in charge divided her time between the two centres, and worked closely with residents, staff and the wider management team. Governance arrangements ensured that staff could access the support of senior managers when the person in charge was not on duty.

There were measures in place in the centre to control the spread of infection and to reduce the risk associated with COVID-19. These included adherence to national public health guidance, and implementation of daily cleaning schedules. A contingency plan had been developed for the management of COVID-19 infection should it occur. In addition to the overall centre contingency plan, individualised isolation and care plans had also been developed for each resident. However, there was no formal or documented process in place for sharing information about residents' infection status in the event of any resident transferring from the centre.

The centre was suitably resourced to ensure that infection prevention and control was effectively managed. These resources included the provision of a suitable, safe and comfortable environment, sufficient numbers of staff to support residents, training in various aspects of infection control and adequate supplies of personal protective equipment (PPE), hand sanitising gels, cleaning materials and equipment.

Information and training about infection control protocols and practices had been supplied to staff. Staff had received training in various aspects of infection control, such as training in personal protective equipment, hand hygiene, and infection prevention and control. The provider had also ensured that a range of guidance documents, policies and procedures were available to inform staff. Staff who spoke with the inspector confirmed that they had received a wide range of training in relation to infection control. However, the cleaning guidance regarding washing and management of mop heads was not sufficient to guide practice. Therefore, there were inconsistent practices throughout the houses in the centre, and some of these were not in line with best practice.

Overall, there were good systems in place for reviewing and monitoring the service to ensure that a high standard of infection control management was being provided and maintained. A review of the quality and safety of care and support of residents was being carried out annually, and six-monthly unannounced audits of the service were being carried out on behalf of the provider. Six-monthly infection control audits

were also being carried out, and these audits showed high levels of compliance. However, the infection control audits had not identified the deficits identified in this inspection relating to guidance documents and cleaning processes.

Quality and safety

The provider had good measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. However, improvement was required to a piece of furniture in one house.

Residents lived in clean, comfortable environments. The centre was made up of three houses one of which was in a central village location while the other two were on the outskirts of a rural town. During a walk around the centre, the inspector found that it was decorated and furnished in a manner that suited the needs and preferences of the people who lived there, and was kept in a clean and hygienic condition throughout. Two of the houses were decorated and furnished to a high standard, while the third house was in the process of being redecorated. In all houses, the kitchens were bright and comfortable, and were well equipped with readily cleanable and suitable equipment for cooking and food storage. Surfaces throughout the houses were of good quality, were clean and were well maintained. Wall and floor surfaces were of impervious materials which could be easily cleaned, and sanitised if required. However, the surface of an armchair in one house was worn and defective, and was not readily cleanable, which presented an infection control risk.

Information about infection control had been developed for residents in a user-friendly way. Residents were supported to access vaccination programmes if they chose to, and assessments had been carried out to inform decisions about whether or not each resident would become vaccinated.

Cleaning schedules had been developed to manage the centre's hygiene requirements. Some residents took responsibility for household cleaning and laundry, and staff assisted these residents to ensure that the requirements of the cleaning plans were being met. Staff continued to ensure that increased cleaning and sanitising of touch points such as door handles and light switches was being carried out daily.

There were laundry facilities in each house, and the laundry of potentially infectious clothing and linens was being managed in line with good practice. There was a plentiful supply of cleaning materials such as sanitising solutions, detergents, cloths and other equipment. To reduce the risk of cross-contamination a specific colour coded cleaning system was in use. However, the protocols for the laundry and management of mop heads was not sufficient to guide practice.

There were good waste management arrangements in the centre which increased infection control safety. Refuse collection was supplied by a private contractor and

bins were suitably and hygienically stored while awaiting collection.

Family contact and involvement was important in the service. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance. Arrangements were in place for residents to have visitors in the centre as they wished, and for them to visit family and friends in other places.

Regulation 27: Protection against infection

Overall, there were good measure in place in the centre to control the risk of infection, both on an ongoing basis and in relation to COVID-19. The centre was well maintained, had good quality, easily cleanable surfaces in higher risk areas, and was maintained in a clean and hygienic condition. There were systems, such as audits, staff training and cleaning plans, in place to reduce the risk of infection in the centre. However, improvement to some guidance documentation and to infection control auditing was required to ensure that the overall quality of infection prevention and control would be maintained.

The areas for improvement included:

- there was no formal or documented process in place for sharing information about residents' infection status in the event of any resident transferring from the centre
- cleaning guidance regarding washing and management of mop heads was unclear and was not sufficient to guide practice. There were inconsistent practices throughout the houses in the centre, and these were not in line with best practice
- the surface of an an armchair in one house was worn and defective, and was not readily cleanable, which presented an infection control risk
- infection control audits were not fully effective, as they had not identified the deficits identified in this inspection relating to guidance documents and inconsistent cleaning processes.

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	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Honeysuckle Services OSV-0004469

Inspection ID: MON-0040488

Date of inspection: 16/06/2023

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> <ul style="list-style-type: none">• A transfer protocol has been developed to guide staff on the sharing of information regarding people's infection status if transfer from the service is required. This information is available in the section for admissions and discharges to and from other health care facilities -3/07/2023• There has been a review of the cleaning guidance manual to ensure there are clear instructions on best practice for infection prevention control throughout the designated centre -31/07/2023• The armchair has been removed from this designated centre – 20/06/2023• Infection Prevention Control audits which are carried out by IPC Link Nurse Practitioners and IPC Safety audits have been reviewed to reflect the updated guidance documents – 31/07/2023	

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.	Substantially Compliant	Yellow	31/07/2023