



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

Issued by the Chief Inspector

Name of designated centre:	Drombanna
Name of provider:	The Rehab Group
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	30 March 2022
Centre ID:	OSV-0002652
Fieldwork ID:	MON-0036048

About the designated centre

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

Drombanna consists of a detached two-storey house located in a small housing development, in a rural area, but within a short driving distance of a city. It also consists of an apartment located within a residential apartment complex, in the same city. The centre provides full-time residential support for a maximum of five residents, all adult males between the ages of 18 and 65. The two-storey house can support four residents, with one resident living in an apartment. The centre can provide services for residents with intellectual disabilities and autism. All residents have their own bedrooms, while other facilities in both the apartment and the house include bathrooms, sitting rooms/lounges, kitchens and staff rooms. Residents are supported by team comprised of the person in charge, team leaders and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 30 March 2022	10:40hrs to 17:20hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

While efforts had been made to make the house visited by the inspector homely and suited to residents' needs, some parts of the house, particularly the kitchen and bathrooms required improvement. A reduction in the numbers of residents living in this house had contributed to a calmer environment and staff members were seen to interact appropriately with residents.

The designated centre was made up of a two-storey house where four residents lived and an apartment specific to one resident. During this inspection, only the two-storey house was visited by the inspector. On arrival there were no residents or staff present. After making contact with the person in charge, a staff member arrived to let the inspector in. The residents living in the house were attending day services at the time and were not due to return until later in the afternoon. The inspector used these initial hours of the inspection to review the premises from an infection prevention and control perspective.

It was seen that efforts had been made within this house to promote infection prevention and control in line with best practices. For example, it was seen that there were signs on display relating to relevant areas such as hand hygiene and COVID-19. Just inside the house's front door was a clear sign advising people not enter further into the house, until they had performed hygiene and checked their temperature. It was also noted that the staff member who let the inspector into the house, initially directed the inspector to take their own temperature and to sign a visitors' log.

Multiple wall mounted hand sanitiser dispensers were located throughout the house, while there were also numerous separate bottles of hand sanitiser available. Stocks of hand sanitiser, along with various personal protective equipment (PPE) such as respiratory masks, gloves, gowns and goggles were also maintained within the house. The inspector reviewed a sample of these stocks and noted that none of the products reviewed had passed their expiry date, although two gowns were noted to have an approaching expiry date of 29 April 2022. Specific bins for the disposal of PPE were present in the house, which were clearly marked for such use. These bins were seen to be foot pedal operated bins, as were most of the bins in this house.

Cleaning supplies were kept in this house including sanitising agents, cloths and mops. The house had different coloured coded mops and mop buckets used for cleaning different areas. For example, a red mop and bucket was to be used in bathrooms. Such colour coded cleaning equipment was stored in the house's utility room. When reviewing these, it was observed by the inspector that the mop buckets were visibly dirty while some of the mop heads present appeared either worn or not to have been cleaned since their last use. The inspector also saw some sweeping brushes in the utility room which were in need of cleaning.

The utility room had also been provided with a vent to promote ventilation as was

evident in other rooms within the house. It was noted that different areas of the house had been set up specifically to suit the needs and preferences of certain residents. Efforts had also been made to make the house feel homely, with plenty of photographs on display on the walls, while to the rear of the house was a garden which included swings, a trampoline and a set of goal posts. Also, within this garden was a cabin area that had been set up as an area for one particular resident. This cabin was part of the floor plans for the registered designated centre.

The inspector visited this cabin within two hours of the inspection commencing. Upon opening the cabin door it was immediately apparent that the cabin was very hot. It was then noted that an electric heater, which was in contact with a basket that had a cloth lining, had been left on. It was unclear how long the heater had been on for. In the cabin it was also noted that a large cobweb was evident in one corner, while parts of the floor and the contents of the basket were visibly dusty. The inspector turned off the electric heater and highlighted this issue to a member of the centre's management. The inspector was later informed that the cabin had been subsequently cleaned. Ensuring the electric heater was turned off, before staff and residents left the house, was a daily task that should have been completed before discovery by the inspector.

Additionally, the inspector noted other areas of the house that needed improvement from an infection prevention and control perspective. This was particularly evident in the kitchen area where it was seen that the oven needed cleaning, the kitchen worktop was chipped in places, the kitchen table was worn, some drawers and presses were marked, a number of handles to these drawers and presses were both worn and rusted in places, while the fridge door was also rusted. The inspector was informed that new furniture for the kitchen and utility room was to be installed, with works due to commence the week after the inspection.

There were also other rooms where improvements were needed, particularly the bathrooms. In the downstairs bathroom, it was seen that there were some grab rails which had grime and limescale, with some mould also evident around some of these fixtures. The shower basin and door also required cleaning. In the two upstairs bathrooms, it was noted that the handles to some drawers had some grime, while in one of these bathrooms, the shower door and basin also needed cleaning. Aside from the kitchen and the bathrooms areas, it was also seen that some floors were visibly worn, such as in the staff office. There was dust evident on some skirting boards, but not all. Other areas within the house were seen to be generally clean.

Later on during the inspection, the four residents who lived in this house returned from their day services. Residents had travelled in different vehicles. One of these residents left shortly afterwards, to meet a family member for swimming, so was not met by the inspector. The other three residents were met. One of these residents was met in a sitting room, that had been set up to suit that resident's interests. The resident indicated that they had had a good day and was very friendly towards the inspector. The resident was being supported by a staff member at this time and appeared comfortable in their presence.

The other two residents were also met by the inspector, but neither engaged

directly. It was seen that one resident used the cabin in the garden, that had been set up for them, while another resident sat in the kitchen area, while a staff member prepared dinner. The staff members present at this time were seen to engage positively and respectfully with both residents. For example, one staff member was seen to take the residents' temperatures but asked the residents' permission before doing so, while one resident was supported to have a cup of tea after requesting one. Both residents were seen to move freely throughout the centre and appeared calm overall.

When this designated centre was previously inspected in June 2020, concerns had been raised around the suitability of some residents to live together. At that time, the centre had only consisted of the two-storey house, with five residents living there. During 2021, the provider added the apartment to this centre which allowed one resident to move to the apartment, reducing the capacity of the two-storey house to four, thereby keeping the overall capacity of the centre at five. Staff members spoken with commented positively on this development, highlighting that this had resulted in residents being given more space, while also making the house environment quieter and calmer. In the most recent annual review of the centre, it was reflected how a family member of one resident had commented positively on this change, while a family member of another resident praised the care their relative had received.

In summary, it was evident that some improvements in the kitchen and bathrooms areas of the house visited were needed, though it was noted that works to address some of these areas were due to commence shortly after this inspection. Supplies of cleaning equipment, PPE and hand sanitiser were present in house. Staff were observed to interact appropriately with residents.

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

The registered provider had established effective systems for escalating any concerns related to infection prevention and control. Monitoring systems were also in operation to review practices in this area.

This designated centre was previously inspected by HIQA in June 2020 and the current inspection was focused on the 2018 National Standards for infection prevention and control in community services, in line with a programme of inspection commenced by HIQA in October 2021. Under the regulations, providers must ensure that infection prevention and control practices and procedures within designated centres are consistent with the standards. These relate to areas such as staffing, monitoring of such practices by the provider and the leadership,

governance and management of the centre relating to infection control and prevention (IPC).

It was found during this inspection, that the provider had established systems and structures for any concerns related to COVID-19 and the escalation of infection prevention and control issues. For example, there was evidence of the centre's local management availing of an internal case management review following some COVID-19 outbreaks, which had impacted this centre. The review was arranged at short notice and allowed local management to raise any concerns that they had and to obtain advice on how to respond to the outbreak. The inspector also read records detailing learning sessions that had taken place following these outbreaks, to identify areas that worked well and any areas that could be improved upon.

Aside from the case management review process, the provider was recruiting an infection prevention and control specialist and had an overall infection prevention and control policy in place, to guide practice in this area. Monitoring systems were also in operation which included weekly checks, infection prevention and control audits and provider unannounced visits. There was evidence that such monitoring systems were effective in highlighting issues which required addressing. For example, the previous infection prevention and control audit on 26 October 2021 and the most recent provider unannounced visit on 1 March 2022 had both highlighted issues relating to the kitchen and bathrooms, which were also identified during this inspection.

Those involved in the local management of the centre were aware of such matters and works to improve the kitchen were due to commence the week following this inspection. The most recent provider unannounced visit had also highlighted that the centre's isolation and COVID-19 response plans required additional details. These plans were kept in a specific COVID-19 folder that was stored in the staff office of the house visited by inspector. It was indicated that this folder was used to provide staff with relevant information and updated guidance, but upon reviewing this, it was seen that it contained some outdated guidance. It was also noted that the isolation and COVID-19 response plans had not been reviewed since the most recent provider unannounced visit. It was also noted that a relevant infection prevention and control self-assessment contained within this folder, had not been reviewed in over three months.

The presence of outdated information within this folder was highlighted by the inspector. Before the conclusion of the inspection it was seen that updated national guidance had been printed, to put into the folder, to ensure that staff had easy access to the most recent information. Matters related to infection prevention and control were recorded as been discussed at regular staff meetings, that had taken place. Records provided also indicated that staff working in this centre were provided with relevant training in areas such as COVID-19, PPE, hand hygiene and the 2018 National Standards for infection prevention and control in community services. Staff members spoken with generally demonstrated a good awareness of relevant matters, such as knowing who to contact in the event of any COVID-19 issues arising.

Quality and safety

Residents were seen to have been provided with information related to infection prevention and control. Some improvement was required regarding aspects of the cleaning carried out in the centre.

Given the ongoing COVID-19 pandemic, it was noted that a number of checks were taking place on a regular basis in the house visited on this inspection. These included the maintenance of a visitors' log. The inspector reviewed this and noted that while all visitors to the house signed in, they did not always sign out, which could impact the log's accuracy for contact tracing purposes. Twice daily temperatures were also to be carried out for all residents and staff working in this house, in line with national guidance. The inspector reviewed a sample of records related to this and noted that while staff's temperature was generally recorded as being taken twice a day, there were some occasions where temperatures were only recorded once.

No gaps in residents' temperature checks were observed in the sample reviewed. Efforts were being made to provide residents with information related to infection prevention and control and COVID-19, generally. For example, records reviewed indicated that such matters were being discussed with residents at regular house meetings that had taken place. Relevant signage relating to areas such as hand hygiene were on display throughout the centre. Social stories (a specific tool used to help in the exchange of information for those with communication difficulties) had also been developed to give residents information about COVID-19. Such a social story had been created to help inform residents about the planned works that were due to commence in the kitchen, the week following this inspection.

As highlighted earlier, on review, the kitchen was noted to have certain appliances, fixtures and furniture that were worn and/or rusted. This made it harder to effectively clean these appliances, fixtures and furniture. Large parts of the house visited were observed to be clean, however, bathrooms required specific attention due to degraded or dirty surfaces. Cleaning schedules and records were in place for the centre which included the cleaning of regularly touched items such as door handles. The records reviewed indicated that such cleaning was being carried out and a staff member was observed doing some cleaning during this inspection. It was noted by the inspector that the oven for the centre did not appear to have been thoroughly cleaned in some time, despite records reflecting that it had been cleaned twice weekly throughout 2022.

In addition, it was also noted that some cleaning equipment, particular mops and mop buckets, were in obvious need of cleaning. The provider's policy on infection prevention and control indicated that such equipment was to be cleaned after each use, with mop heads to be replaced if worn. Based on the observations of the inspector, this aspect of the policy was not being adhered to. The policy provided guidance for various topics, but when reviewing it the inspector saw a note

indicating that specific guidance on the cleaning of equipment and medical devices did not apply to this centre. However, during the inspection it was noted that some syringes were being reused to support some residents with their medicines. A process was verbally outlined on how syringes were to be cleaned and stored between uses, but no specific guidance was available in the house around this practice.

Within the house, ample supplies of PPE including respiratory masks, gloves, gowns and goggles were available. In line with relevant national guidance, respiratory masks should be worn for resident care activities. Throughout the inspection, all staff present were seen to be wearing respiratory masks, even when residents were not present. The inspector did observe one staff member wearing a mask that had been drawn on with a marker. When this was queried, the staff member said that a resident had drawn on the mask. The staff member was later seen wearing a new face mask. When reviewing the report of the most recent provider unannounced visit, carried out in this centre on 1 March 2022, the inspector read how the auditors had found that none of the staff present on that day were wearing respiratory masks. This was queried during this HIQA inspection and it was indicated that, even though there were no supply difficulties for respiratory masks, this had been caused by issues with the fitting of respiratory masks available that day. It was also indicated, that the only day that staff had not been wearing respiratory masks, was the day of the unannounced visit to the centre, by the providers representatives.

Regulation 27: Protection against infection

While overall infection prevention and control measures, systems and structures were in place and operational, this inspection did highlight some areas that needed improvement including;

- The centre's isolation and COVID-19 response plans required additional details.
- A relevant infection prevention and control self-assessment had not been reviewed in over three months.
- The condition of some fixtures, furniture and appliances, particularly in the kitchen and bathrooms, made them harder to effectively clean. Mould, limescale and grime were evident in some bathroom fixtures and fittings.
- The provider's policy relating to the cleaning of certain cleaning equipment was not being followed.
- No specific guidance was available around the re-use, storage and cleaning of syringes.
- Visitors to the centre were not always signing out using the visitors' log provided, which impacted its accuracy for contact tracing purposes.

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 Drombanna OSV-0002652

Inspection ID: MON-0036048

Date of inspection: 30/03/2022

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"> • Service Isolation and Covid 19 Response plans have been updated with relevant information. Completed 6.4. 22 • HIQA’s infection prevention and control self-assessment for this service has been reviewed and will be revisited at three monthly intervals going forward. Completed 7.4. 22 • New kitchen installation was completed on 08.04.22. Tiling, painting, replacement fridge and kitchen furniture have been arranged. Kitchen works will be completed by 15.5.22. • A deep clean of the Bathrooms was completed 7th & 8Th of April. A full professional clean will also be scheduled and will be completed by 15.5. 22. • Repairs on floors and bathroom cabinets in progress and will be completed by 30.6.22. • Signage has been put in place outlining the procedure for the cleaning and storage of Mops. Completed 21.04.22. • The oven was deep cleaned 8.4.22, this will now be checked on an ongoing basis as part of the team leader checks to ensure consistency. Completed 12.4.22. • Guidance has been received from the Provider’s Lead on Medication Management policy author. Advice has been incorporated into a local Standard Operating procedure. The Provider’s policy will be updated to include this information at the next policy review. Completed 8.4.22 	

- Staff have been reminded of the requirement to document all attendance in the service including visitors in the log both on entry and exit. Completed 7.4.22.

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	30/06/2022