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Goldfinch 3, OSV-0004830, 17 February 2022

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

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 3
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	17 February 2022
Centre ID:	OSV-0004830
Fieldwork ID:	MON-0035684

About the designated centre

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

Goldfinch No 3 is a residential service providing full time care for adult men and women, with intellectual disabilities. The centre comprises of three residences located in the environs of a large town. The three houses are located in residential areas with access to local shops and amenities. The houses are two-storey with gardens at the rear of each house. The houses have been adapted to suit the needs of the current residents. Two residents live in one house with staff support. Three residents live in another house with the support and space required for their assessed needs. The third house supports four residents and has a self-contained area downstairs to support the needs of one resident. Residents have access to transport and the service is provided through a social care model of support. All residents regularly attend day services outside of the designated centre. Residents are not usually present in the centre between 9am – 4pm Monday to Friday. Residents are supported by social care staff during the day, with a sleep over staff at night time in each of the houses. The multi - disciplinary team are available to support the needs of the residents. Individuals are supported to access other services such as GP, consultant services and chiropody as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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 17 February 2022	09:30hrs to 15:40hrs	Elaine McKeown	Lead
Thursday 17 February 2022	09:30hrs to 15:40hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

This was a focused inspection intended to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. All three houses were visited by the inspectors during the inspection. Both inspectors commenced the inspection in different houses and met later in the afternoon in the third house in this designated centre. Some of the findings during this inspection were evident in two or more of the houses. The inspectors only spoke with a total of three residents as some had departed their homes to attend day services before the inspection commenced. A total of five residents in this designated centre had been supported by a core staff team during periods of illness due to COVID-19 in January 2022. However, areas for improvement that were observed related to adherence to public health guidelines for the use of personal protective equipment, (PPE), cleaning practices, hand hygiene, daily monitoring of symptoms of infection for staff and residents; in addition to aspects of the premises provided.

On arrival at one of the houses, upon ringing the doorbell, the front door was immediately opened by a staff member in the presence of one resident. The staff member was wearing a glove on one hand but no face mask. The inspector was not directed to sign into the house's visitors' log or to check his temperature upon entering so had to request from the staff where these were to be done. The staff member then provided the inspector with the visitors' log and a digital thermometer to take his temperature. Given the ongoing COVID-19 pandemic and relevant national guidance, the inspector queried with the staff member if they had a face mask. The staff member indicated that they did not need a face mask for various different reasons.

During the initial period in this house, the staff member was supporting the two residents as they prepared to go out. Despite the inspector's queries, at no point during this time did the staff member put on any face mask even though they were, at times, engaging very closely with the two residents inside the house. At one point this staff member showed the inspector a face mask which they said they had been previously using but did not put it on. It was also noted that the staff member continued to have a glove on as they moved throughout the house. The inspector met the two residents who were living in this house and it was noted that both appeared calm and comfortable with the staff member supporting them.

Both of these residents spoke briefly with the inspector with one telling the inspector that they were going out for a walk before showing him a Valentine's Day card that they had recently received. The second resident also said that they were going out for walk and told the inspector that they liked their bedroom but that it was hard to keep clean. The two residents left the house with the staff member together in a car. Just before the car left the staff member put on a surgical type face mask, rather than a respirator face mask, once outside the house and also supported the

residents to put on similar face masks.

Another inspector met with one resident in a different house. This person was still recovering from illness after recently contracting COVID-19. While they had completed their isolation period, they explained to the inspector that they still felt tired. When the inspector arrived the resident indicated they would prefer not to talk with the inspector at that time. They were being supported by a dedicated staff for the day. This staff was observed to support the resident to have their breakfast before assisting them for the remainder of the morning in the self-contained apartment that the resident lived in which was located on the ground floor of the house. The resident later told the inspector they had enjoyed having a rest and insisted the inspector went into their apartment to see how clean it was. There was evidence of effective cleaning having been carried out and the area was decorated with many personal items. The resident informed the inspector that they were going out to have a hot drink in a named café which they were looking forward too after their illness. This resident had access to a dedicated transport vehicle which had documented evidence of being cleaned after use.

The person in charge arrived to one of the houses after being contacted by staff members to inform them of the inspection taking place. Meanwhile shortly after the residents and the staff member departed the other house, a member of this designated centre's management arrived at the house. Upon their arrival to the houses it was observed that they both performed hand hygiene, checked their temperature and signed into the visitors' log for the house. One inspector had an initial discussion with the person participating in management and highlighted his earlier observations relating to the use of certain personal protective equipment (PPE) by the staff member met. After this discussion, the member of management left the house and signed out of the visitors' log when doing so. The inspector then used this time to review the house primarily from an infection and prevention and control perspective.

Overall, this house was generally seen to be well furnished and was presented in a very homely manner. For example, multiple photographs of the two residents living there were present in the sitting room while artworks created by the residents were on display in the kitchen/dining area. Both residents' bedrooms were seen to be brightly decorated and personalised with plenty of storage available to keep their personal belongings. The house was generally well maintained but when reviewing it, the inspector did observe some loose wires from the ceiling and walls while there was a noticeable hole in the ceiling of one bathroom which had the potential to negatively impact fire containment measures. However, there was evidence of ineffective cleaning of floor surfaces and floor mats in another house. This will be further discussed in the quality and safety section of the report.

Both houses were well ventilated; however, it was observed that ventilation ducts and parts of some skirting boards had dust visible on them while some large cobwebs were present in some rooms such as in the sitting room in one house. In addition, it was noted that the taps in one downstairs bathroom required cleaning while another bathroom had a broken tap. There was some rust evident on the taps of one resident's en-suite bathroom and rust on a radiator in another bathroom.

While most bathrooms were provided with bins, the use of and type of bins present in the houses required review. For example, while some of the bins in the houses were foot pedal operated bins, one did not have a bin liner and was seen to contain some soiled sanitary products while another had a yellow bin liner ordinarily designated for clinical waste but appeared to be being used for recycling PPE packaging. Another bathroom did not have any bin present. In addition, not all bins containing used/contaminated PPE had been emptied as per the provider's protocols. For example, a checklist documented that a bin had been emptied during the previous night. However, the amount of discarded material one bin in the hallway of one of the houses did not reflect this.

Stocks of PPE, such as respirator masks, gowns and goggles, were observed to be present, however, one house had some of these supplies stored in boxes on the floor underneath the open stairs in the hallway. This was evidenced to impact effective cleaning of the area. Supplies of hand sanitising gel were also available throughout the houses but it was seen that one dispenser of hand gel located in a utility room was empty while one bottle of hand gel reviewed was noted to have passed its expiry date. The majority of hand sanitising gel supplies viewed in one house were found to be in date but no hand sanitiser was seen to be in the house's staff office. A desk in this office was also noted to be chipped which would make it harder to effectively clean and disinfect. However, in another house one hand gel dispenser when checked by the inspector was empty and some bottles of hand gel had no expiry date visible on them. Multiple signs were on display in the houses covering areas such as hand hygiene, cough etiquette and COVID-19. Signs were also present in the utility rooms highlighting particular coloured coded cleaning equipment that was to be used in different areas of the house.

This cleaning equipment, such as cloths and mops, were available in the houses but the storage of them required improvement. In particular it was observed that some mops and mop buckets were stored outside the back of the houses and were therefore exposed to the elements. One inspector observed one of these mop buckets outside which had a large worm inside it at the time, while mop heads in two houses were seen on the ground. While it was later suggested that one of the mops was old and not in use, its mop head did appear relatively new. Facilities were available for such cleaning equipment to be stored before being washed but this too also required review. In particular it was observed that a basin used for storing used cloths was placed directly under a plug sockets and the house's heating controls. Given that such controls were operated by hand, this meant that someone could have to reach over the basin of used cleaning clothes to use them thereby increasing the potential to come into contact with the used cloths.

On arrival at the third house that made up this centre, no residents nor house staff were present but some external cleaners were there carrying out a deep clean of the house following a recent COVID-19 outbreak. These external cleaners were observed not be wearing face masks when an inspector first arrived although shortly after they put them on after one of the external cleaners received a phone call. While these cleaners were present they focused their attention on the house's kitchen and living room, both of which were noted to be clean after they had completed their work there. An inspector did observe though that the inside of the

kitchen's oven required further cleaning while the storage of some food in the fridge needed improvement. This was also an issue identified in another house in the designated centre.

The remainder of the house was also reviewed by an inspector and it was noted that ventilation was provided for while residents' bedrooms were brightly decorated and personalised with photographs, posters and items of interest to the residents. While one resident had their own en-suite bathroom, there was a main bathroom on the first floor which was observed to require cleaning particularly the shower door and exterior of the toilet bowl. Some residents' personal toiletries were also located in this bathroom which were noted to be in close proximity to one another. As with the other two houses of this centre infection prevention and control posters, hand gels, PPE and cleaning supplies were seen to be present throughout this third house.

Such cleaning supplies included colour coded cleaning equipment but again the storage of these needed improvement. In particular it was noted that mops were stored outside the house to its rear and when reviewing these inspectors saw used mop heads in direct contact with clean mop heads, while a mop bucket was seen laying in a corner of the garden. It was also noted that while bins were provided in this house, most were not foot pedal operated bins. The use of pedal operated bins is required for the safe disposal of soiled materials. One small foot pedal bin was seen in a downstairs bathroom but it did not have a bin liner inside. Given the recent COVID-19 outbreak impacting this house, full PPE was being used until just before this inspection. Such PPE should be disposed of in a yellow clinical risk bag and a designated area for this house was identified for these to be stored. When reviewing this area an inspector noted one yellow bag along with some clear plastic bags which also appeared to contain used PPE. It was unclear at the time of the inspection if these clear bags contained uncontaminated PPE used after the isolation period had finished in the house. This will be further discussed in the quality and safety section of this report.

While five of the residents had recently contracted COVID-19, the index case for this outbreak was determined as being in the day services attended by four of the residents. Three of these cases were in one house where subsequently another resident contracted the illness but it was not clear where they had contracted the illness as they also accessed the community regularly prior to becoming unwell. One resident was supported to self-isolate in another house where they shared their home with two other residents. Staff had successfully supported the remaining residents to remain safe and no staff contracted the infection during this outbreak. The person in charge informed one inspector that a resident had decided to remain at home with family representatives for the duration of the pandemic.

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 designated centre and how these arrangements impacted on the quality and safety of the service being provided to residents.

Capacity and capability

The overall governance and management in place, in particular in terms of monitoring systems being carried out required review to ensure that there was consistent and effective prevention and control practices followed in this designated centre. This inspection found that the provider had structures in place to escalate concerns around infection prevention and control while also providing access to policies and guidance for staff on how to respond to such matters.

The designated centre provided residential supports for adults and had been previously inspected in October 2020 where an overall good level of compliance was found across the regulations reviewed although there was a non-compliance relating to fire containment. Following that inspection and resulting compliance plan response, the centre had its registration renewed until December 2023 but with a restrictive condition requiring the provider to improve fire safety by 31 December 2022. Since that time the provider had completed a reconfiguration which involved removing one original house of this centre, replacing it with another and increasing the overall capacity of the centre by one resident. It was decided to carry out a further inspection of this centre to assess infection prevention and control practices in the three houses that made up this centre as part of a specific programme of inspections. Key areas of focus on this inspection included, monitoring of the infection prevention and control practices by the provider, the leadership, governance and management of the centre and staffing.

To ensure that infection prevention and control practices are carried out effectively it is important that staffing arrangements are appropriately managed and that staff are equipped with the necessary knowledge in such areas. While the ongoing COVID-19 pandemic posed challenges regarding staffing, it was indicated that the centre had regular relief staff to cover any staffing issues. However, it was also mentioned that the provider was seeking additional staff support for one resident during the day while it was found on this inspection that actual rosters worked for some houses were not being properly maintained. Measures were also outlined regarding how staff would be kept up-to-date with relevant infection prevention and control information including regular email/telephone communication and staff team meetings while records provided suggested that staff working in this centre had undergone relevant training in areas such as hand hygiene and PPE.

However, the provider's current infection and prevention control policy required all staff to undertake training in relevant national standards but from records reviewed not all staff had yet completed this on-line training. In addition, while there was some indications that staff were following effective infection prevention and control practices, during this inspection some staff spoken with required further guidance around the mixing of cleaning and disinfectant agents while, as highlighted earlier, a staff member in one house was observed not following national guidance and proper practice relating to the use of some PPE, particularly face masks. This latter area was highlighted to a member of the centre's management who followed up on this

but subsequent information provided during this inspection indicated that this was not the first time face masks were being used improperly in this house.

An inspector was informed that the improper use of face masks had not been highlighted previously but was identified by the same inspector within the first 3 seconds of this inspection commencing. Overall, this inspection found that improvement was required in various areas including aspects of cleaning, the storage of cleaning equipment, maintenance of visitor logs and staff temperature checks amongst others. Despite this, monitoring systems and oversight in operation for this centre which included the providers infection prevention and control audits and relevant self-assessments, indicated an overall good level of compliance in this area which was not the findings of this inspection. For example, knowledge of the staff was reported as compliant regarding the use of cleaning products and solutions. However, this was not evidenced during the inspection and will be discussed further in the next section of the report. While this was an area that needed improvement it was noted that the provider did have structures in place for any infection prevention and control concerns to be communicated and escalated if required.

These included the availability of the person in charge and the area manager who oversaw this designated centre. Where neither was available on-call and cover arrangements were available for staff to raise any concerns that they had or to get further guidance from. The provider also had an overall steering group in place for its designated centres in the Limerick area where any concerns could be escalated to. Membership of this group included senior management within the provider and this group met twice a week. There was a separate infection prevention and control committee overseen by an area manager with membership including staff representatives from different designated centres in the Limerick area where relevant matters could also be raised if necessary. While the presence of such structures was noted, given the ongoing COVID-19 pandemic, it was not clearly stated during this inspection who the COVID-19 lead for this designated centre was.

The contingency arrangements specific for this designated centre had been reviewed in January 2022 and was scheduled for further review after the most recent outbreak of COVID-19. The provider had completed an annual review of services in 2020 and the report for 2021 was due to be completed by March 2022. There had been provider-led audits completed in the designated centre in July 2021 and January 2022, however the progress or completion of actions was not consistently updated in either of these audits. For example, a ramp access to the rear of one property to assist a resident to exit out to the rear garden had been identified as an action. However, the progress regarding this was verbally given to the inspector during the inspection but had not been documented.

In accordance with the 2018 National Standards for infection prevention and control in community services, effective governance and management are essential to creating and sustaining a safe infection prevention and control environment. However, the inspectors were not assured that the overall governance and management arrangements in operation in the designated centre had ensured

effective monitoring of infection prevention and control practices.

Quality and safety

While there was evidence that infection prevention and control practices were part of the routine delivery of care and support to residents, improvement was required to ensure these were carried out in a consistent and effective manner.

In light of the ongoing COVID-19 pandemic, maintenance of visitors' logs is important as this shows when people have arrived at and left a designated centre which can be beneficial for contact tracing purposes. Visitor logs were present in all three houses that made up this centre and were reviewed by inspectors in two of the houses. While it was noted that most entries were indicated as signing in and out of the house, it was also clearly noticeable that some visitors, including staff members, were not always signing out. When visitors and staff were arriving at the houses, they used this log to record their temperature on entering and digital thermometers were available in each house to facilitate this. However, relevant national guidance requires all staff to check their temperatures twice a day and records reviewed indicated that while some staff were doing this, others were not.

One inspector observed recording sheets on the walls beside four resident bedrooms in one of the houses. These records were part of the provider's protocol when staff were supporting residents during periods of isolation due to suspected or confirmed infection with COVID-19. However, while staff initially documented the required information on the 10 and 11 of February 2022. This included the date, time, duration and type of support the staff provided to the resident along with their name. Recording of support provided for some dates were absent during the isolation period or incomplete. Following review of these records it appeared some residents were not supported for a number of days by any staff member. Effective identification of contact tracing staff who had provided support to the residents was not available from the records reviewed at the time of the inspection.

The temperature of residents should also be checked twice daily and records reviewed indicated that this was generally being done most days although some entries were seen from recent months where it was indicated that they were only checked once on some days. As mentioned earlier various infection prevention and control signage was seen to be on display throughout the three houses that made up this centre and residents were being kept informed about matters related to COVID-19 and the impact that restrictions were having. For example, the pandemic had impacted the ability of some residents to attend day services away from their houses and residents were supported to make a complaint about this with a member of the centre's management responding to this. Such day services had recently resumed. Residents' meetings were happening regularly in each house with a sample of notes reviewed indicating that matters such as COVID-19 and cleaning were being discussed with residents.

It was noted that cleaning schedules were in place for the houses of the centre which included specific COVID-19 cleaning for regularly touched items such as taps and door handles. A sample of these records were reviewed but inspectors did note some inconsistencies in the frequency that such cleaning was being done. Some days this cleaning was recorded as being done twice a day but other days it was indicated as being done four times. Despite the documenting of cleaning activities being completed, inspectors did observe some instances in the houses visited where further effective cleaning was needed to be completed. For example, in one house records generally indicated taps were cleaned multiple times a day but some taps in this house were seen to need further cleaning. In addition, while cleaning records were present for most days, there was some days where no specific cleaning records were available. Amongst these were two recent days before this inspection for one house with no staff indicated as having signed into the visitors logs on those days either. This was queried with a member of management who stressed that staff were present in the house on those days.

In addition, the cleaning schedules both daily and weekly in the designated centre required further review as not all equipment used in the designated centre was subject to regular cleaning. These included ovens, dishwashers and thermometers. While one oven was purchased recently and was observed to be clean, another oven did not evidence regular cleaning had taken place. An extractor fan over one oven had visible evidence of grease build-up and the door of one dishwasher had evidence of food deposits. Thermometers were also not listed as part of regular cleaning for regularly touched items. There was no signage or approved IPC cleaning products such as wipes located near thermometers to facilitate staff to clean/wipe down thermometers after each use.

One inspector observed that the safe storage and refrigeration of food was not being adhered to at all times. For example, there were a number of open packets of food observed in fridges in two houses with no date of opening evident. Uncovered cooked food was seen on a plate in one fridge with uncooked meat products begin stored with vegetables on a lower shelf in the same fridge. This was discussed with staff during the inspection and the inspector noted on the training schedule for 2022 that the provider had scheduled training for staff in food safety including the day after this inspection.

Following discussions with staff during the inspection, no disinfection products were in use in the designated centre. One inspector was informed of the product used to clean the floor surfaces, this product did not contain antibacterial or disinfectant properties. In addition, staff advised they added another product to the solution when cleaning the floors, this was not in line with the provider's policy on cleaning materials. Prior to the inspection, one inspector had been informed of planned deep cleaning to take place in the designated centre once the residents had returned to their day services. The provider had arranged for a deep clean to be completed in both of the houses where recent COVID-19 infections had been identified. These were scheduled to take place at times that the residents were not present in the houses. One house was scheduled to be completed on the day after this inspection and the process had begun in another house on the afternoon of the inspection.

The provider's protocols regarding management of contaminated waste from the designated centre required further review. Both inspectors observed the storage of contaminated waste in dedicated areas as outlined by the provider's protocols. However, inspectors were informed that all contaminated waste since the beginning of the most recent outbreak on 7 February 2022 remained at the designated centre at the time of the inspection. This resulted in a large number of bags being stored for a prolonged period of time. Also, It was not possible to identify which bags had exceeded the 72 hours storage time as per public health guidelines, to inform staff from the maintenance department when it was safe for them to remove the contaminated waste. In addition, the inspectors were not assured if the clear bags which contained used PPE was uncontaminated and had been used after the isolation period had finished on 14 February 2022 in one house. These clear bags were being stored in the same dedicated area as contaminated clinical waste.

Regulation 27: Protection against infection

Improvement was required to ensure that infection prevention and control practices were carried out in a consistent and effective manner. In particular;

- The governance and management arrangements in this centre had not ensured that there was effective monitoring of infection prevention and control practices in the designated centre.
- Not all staff consistently adhered to public health guidelines or the provider's protocols at the time of the inspection regarding the wearing of PPE. One staff was observed to support a resident without any face mask on them at the start of the inspection.
- There was no COVID-19 lead identified for the designated centre.
- There was inconsistent information provided by staff on certain practices while there was also a lack of clarity around aspects of the cleaning to be carried out in this centre. For example, inspectors were informed of the products used to clean the floors in one of the houses, this included mixing of products which is not part of the provider's approved process regarding cleaning in the designated centre.
- Some staff had not undergone relevant training in line with the provider's infection prevention and control policy. This included infection prevention and control in community settings- Putting the standards into practice.
- Not all cleaning duties were being carried out as per the provider's protocol, based on the observations made during the inspection, cleaning was not always carried out consistently and effectively. For example, there was dust evident on floor surfaces and skirting boards in one house and covers on ventilation openings in some rooms.
- Inspectors were not assured effective cleaning as per the provider's policy regarding the management of bodily fluids was being adhered to. Inspectors were informed that the designated centre did not have a spill kit for the

cleaning of an area contaminated by vomit or urine.

- Weekly cleaning schedules did not include all equipment being used in the designated centre. For example, dishwashers, ovens and cooker extractor vents were not subject to regular cleaning, some of these appliances had evidence of build up of grease and other food deposits.
- Hand sanitising units were not being cleaned and disinfected daily as per the provider's policy. At the time of the inspection, not all sanitising units contained hand gel.
- Thermometers were not included as part of the cleaning schedule. Inspectors were not assured that regular cleaning of thermometers occurred between use in the designated centre. No suitable wipes or other IPC products were located near the thermometers in at least two of the houses, no guidelines were present to advise staff to ensure the thermometer was cleaned after each use. During the inspection, inspectors observed a number of staff to use a thermometer which had not been cleaned after the previous person had used it or before they used it themselves.
- While a protocol regarding cleaning of lint from the tumble dryer after each use was marked as completed on the morning of this inspection in one house, this was not evident that it had been completed effectively at the time of the inspection.
- Staff were unaware of when to use disinfectant versus antibacterial cleaning products when completing cleaning in the designated centre.
- Staff were unaware of expiry dates on PPE, there was no stock rotation in practice and some products in use including hand gel did not have an expiry date printed on the container.
- The cleaning checklist was not consistently completed as per the provider's policy. For example, no cleaning was documented as having been completed during the night shift of 15 February 2022 in one of the houses visited during the inspection. Other documented dates in recent weeks indicated cleaning had been completed four times each day but this was not occurring in practice, inspectors were advised that twice daily cleaning was being completed in the designated centre.
- There were inconsistencies in the monitoring of staff temperatures when compared to the protocol documented in the provider's procedure. For example, staff did not always document that they had checked their temperature during their working shift or did not record their temperature in the provider's recording sheet during their working hours. Some staff only recorded their temperature on arrival to the designated centre on the visitor log with no subsequent entries.
- There was inconsistencies in the records maintained to reflect the monitoring of residents while they were being supported to self-isolate due to COVID-19. For example, staff had completed the provider's records on 10 and 11 February 2022 to reflect supports provided to residents in their rooms. This included the duration of the support provided and by whom. However, the records for four residents in the days following either did not reflect the date staff provided support or did not contain any further entries despite some residents remaining in isolation until 15 February 2022.
- Aspects of the premises provided and the facilities contained within it required review to help infection prevention and control efforts. For example,

rust was evident on a radiator in a bathroom located upstairs in one of the houses. A tap in a downstairs bathroom was observed to be damaged in the same house. This bathroom also did not have any hand towels, effective surface wipes or a waste disposal bin. Taps in another house did not evidence effective cleaning had taken place. A hole in a ceiling was also observed in one house.

- The provider's waste management protocol regarding the management of contaminated waste required further review. While staff were aware that contaminated waste disposal bags were to be stored for 72 hours in a designated area before being collected, inspectors were informed that no collection had taken place since an outbreak had occurred in one house on 7 February 2022. A large number of contaminated disposal bags were present at the time of the inspection, with no details /label identifying when the 72 hours would expire or what date and time the bag had been placed in the designated area to ensure the safe collection by the maintenance staff. In addition, yellow disposal bags were not being consistently used to discard PPE. One house had used clear bags to discard PPE and these were stored in a designated area awaiting collection at the time of the inspection.
- The storage of mops required further review, inspectors observed clean mop heads and used mop heads being stored next to each other. In addition, mops were observed to be lying on the ground on paths outside the rear of two of the houses at the time of the inspection.

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 Goldfinch 3 OSV-0004830

Inspection ID: MON-0035684

Date of inspection: 17/02/2022

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"> • The Person in Charge provides management and oversight to the designated Centre. This includes monthly staff meetings, completion of Monthly Quality Improvement Tool, and fortnightly review of IPC practices within the Centre, quarterly staff supervision, weekly team meetings with Area Manager, and Monthly meetings with Director of Services. In the absence of the Person in Charge the Area Manager/PPIM is responsible for the governance and oversight of the designated Centre. The Area Manager meets with the Head of Community Services three times per week and any IPC measures will be discussed and forwarded to the relevant PIC when required. PIC and Area Manager will ensure to complete unannounced visits to the center in order to monitor record keeping and ensure all IPC measure are in place and completed appropriately. • PIC will ensure cleaning check lists are completed and will spot check regularly in each house of the designated center in relation to adherence to the check list. • PIC will review monthly quality improvement tool to ensure adherence to standards required. • Area Manager has spoken to the staff member on duty immediately after feedback from the inspector and also had a team meeting later on that evening on the importance of following public health guidelines and wearing appropriate PPE. • The Director of Services circulated a letter to all staff in relation to wearing of FFP2 masks while at work on the 17/02/22. • On 02/03/2022, a visual display reminder was displayed on all staff notice boards reminding staff to wear FFP2 facemasks. • The PIC has been identified as the Covid lead in the designated Centre. A Covid Steering group meets twice weekly and this is comprises of members of the Senior Management team. All information will be passed on to PIC’s through Area Manager and then to front line staff. <p>• All staff will attend refresher training on IPC and will be updated by 31st March 2022</p>	

- Area Manager and PIC met with all staff on the night of 17/2/2022 and again on weekend of 19/2/2022 to discuss the importance of IPC measures and how they will ensure IPC measures are met while on duty i.e temp checks, cleaning check, hand hygiene, sanitizing the use of appropriate products.
 - PIC will continue to have staff team meetings and have IPC as an Agenda item to discuss with staff and monitor any issues in the center.
 - Spill Kits were immediately purchased for each of the three houses across the designated Centre in relation to the management of bodily fluids. The Person in Charge followed up with the staff on the information relating to the use of same. All spill kits in place by 20/2/2022.
 - Weekly Cleaning Schedules are currently under review with the IPC Committee and Covid Steering Group. A new updated schedule will be in place by 30/4/2022. In the meantime, staff will continue to use existing cleaning checklists.
 - The sign in and sanitizing visitors station was reviewed following the inspection. Disinfectant wipes were put in place as well as a sign reminding all visitors to sanitize the thermometer after use. Pedal bins are also in place ensuring safe disposal of waste.
- 17/2/2022
- The Person in Charge will complete stock rotation of PPE. The PIC will ensure that all PPE is in date. Ongoing checks and will monitor closely during each visit when stocktaking
 - Having completed the post outbreak review and associated report the PIC identified room for improvement in relation to inconsistencies identified with staff temperature recording, completion of Covid cleaning checklists. Moving forward administrative tasks will be included as part of house meetings with staff. Outbreak review completed by 7/3/2022
 - Any maintenance issues identified as part of the inspection were followed up and completed. Any other maintenance issues will be followed up by PIC/Area Manager going forward. Completed by 20/2/2022
 - The management of contaminated waste was reviewed as part of the Post Outbreak reflection and report following the inspection. Going forward all staff will ensure that any contaminated waste is labelled with the time and date of same as advised by Policy. All possible contaminated waste will be stored in the outside shed for 72 hours. It will be removed by a contractor immediately after the outbreak break (10 days) The PIC/ Area Manager will ensure this is completed and organized as well as organizing deep cleaning to our centers after an outbreak.
 - On 17/2/2022 all staff reminded about labelling each contaminated waste bag and store in shed for 72 hours.
 - Contacted hand sanitizing supplier to fit new sanitizing units and get new sanitizers in order to refill same. In order to keep them cleaned this has been discussed with all staff completed by 20/2/2022 and staff to ensure to complete in their cleaning check list. This will be added to new cleaning schedule.
 - Contacted supplier to supply us with appropriate cleaning product to ensure we would have appropriate cleaning products in stock for the use of cleaning i.e Disinfectant 20/2/2022. All 3 house will have disinfectant in stock for the purpose of their cleaning and understand it use. Discussion at team meeting with staff on the use of an appropriate products while cleaning. We ensure to update the chemical hazard products for the new cleaning products
 - It has been discussed with all staff at team meetings the important of completing their own temperature checks while on duty on the appropriate temperature check form, the

importance of food labelling of foods in fridges and storage areas, appropriate cleaning products, the appropriate cleaning checks and all other relevant daily checks in the center. Staff will be informed and reminded at team meetings and supervisions meetings.

- Appropriate storage arrangements for safe Mop storage will be put in place by 20/3/2022

- Discussed with staff on tumble dryer checks ensure lint is removed after every use. This will be spot checked by PIC as part of oversight.

- We will ensure a qualified contractor will completed quarterly checks on changing extractor hoods on cookers. This will be included as checks by staff in the fire register.

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	30/04/2022