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Ailesbury, OSV-0001992, 08 April 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:	Ailesbury
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	08 April 2022
Centre ID:	OSV-0001992
Fieldwork ID:	MON-0035284

About the designated centre

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

This designated centre provides a full-time residential service to three adults over the age of eighteen years with an intellectual disability. The house is a bungalow is on the outskirts of a large town in Co. Kildare. The designated centre consists of four bedrooms, one bathroom (wet-room), a kitchen, a sitting room, a personal computer room, a toilet and a utility room. There is a small patio area out the back of the house and to the front a small garden area. A bus is made available to this centre in the evenings and during the day if required. The person in charge divides their time between this centre and one other. There are social care workers and social care assistants employed in this centre. The staff provide support to the residents during the day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 8 April 2022	10:15hrs to 15:25hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

During the course of the inspection, the inspector met with all three residents and members of support staff and had an opportunity to observe some of the day structures of residents in the centre. Staff members explained to residents that an inspection was taking place in their home, and supported residents to communicate their commentary on the house and their day.

The inspector observed a respectful and friendly rapport between staff and residents which contributed to a relaxed and quiet atmosphere in the house. Residents spent time accompanying staff in their work, relaxing in the communal areas, and going into the local community. The house was in a residential cul-de-sac within walking distance to the local town, and the staff commented on how they would access an accessible vehicle to travel further on outings and activities. One resident commented that their workplace was also easily accessible.

The residents were supported in a single-storey house in which each person had a single private room which was personalised in accordance with their preference. Residents had access to multiple communal living spaces and bathroom facilities which support their accessibility requirements.

At the time of the inspection, the provider was planning revision of the living arrangements of all three residents to most effectively meet their changing needs and preferences. One resident did not wish to continue living in shared accommodation and wanted to live somewhere else alone, with the resident and their staff commenting how they rarely left their belongings unpacked, in anticipation of moving to new accommodation. The other residents were in the process of transitioning due to their changing support needs. However, the residents continued to have access to living space and equipment which was suitable for them while they remained in this designated centre, including new assistance furniture which had been delivered on the day of inspection.

Residents were supported to travel into the local community and to receive visitors into their home as social restrictions eased. Residents were supported to make informed consent on receiving their vaccination against COVID-19. The provider had trialled methods such as house meetings and one-to-one keyworker sessions to encourage residents to engage with discussion related to the operation of the centre, and was in the process of developing easy-read social stories to support residents to actively participate in decisions in accordance with their capacity and

interest.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control.

Capacity and capability

The inspector found evidence demonstrating how the registered provider had ensured the service was appropriately resourced and overseen to protect residents and staff from risks related to infection, and to support operational continuity in the event that the service has an active infection risk.

The provider had contingency arrangements in the event that the person in charge and their deputies were unavailable for work, as well as on-call arrangements so that staff in the house had access to decisions by senior management or clinical nurses if risks arise out of hours. Resident-specific isolation and quarantine procedures were described for each person living in the house, outlining what precautions would take effect in the event anyone become ill with COVID-19. Staff were knowledgeable on these contingency procedures and contacts when speaking with the inspector.

An infection prevention and control steering group met weekly to discuss infection prevention and control strategy, and this included input from a clinical nurse specialist on the subject. The inspector was provided evidence indicating how the centre policies and procedures were continuously updated to incorporate changes related to the national standards, vaccination and booster rollout, and the current recommendations on good infection control practices. In centre team meeting minutes, infection control was a standing agenda item, and front-line staff were provided the latest updates relevant to their role, including the latest recommendations regarding visits, community activities and use of personal protective equipment (PPE). The provider facilitated the staff team to complete online courses in practices and procedures related to hand hygiene, use of PPE, effective cleaning of a community healthcare setting, and breaking the chain of infection.

A member of the house team had been nominated as an infection control lead for the designated centre. They had specific responsibilities and oversight duties in ensuring the team as a whole followed good infection control practices, and that the centre was adequately maintained and stocked to manage risk on an ongoing basis. They had been provided additional education on what to be vigilant of in a community residential setting, and had a means of raising their findings and actions to the relevant service managers.

The annual review of the quality and safety of the designated centre was conducted

in December 2021 and infection control practices, environmental hygiene, and reflecting on the achievements and challenges in operating the service during a pandemic were key parts of this review. Audits took place in the centre conducted by external personnel, and there was a clear record of areas identified for development or further enhancement based on these findings. A set of guidelines had been composed related to the “new normal” of community care and support, last updated in March 2022, which encouraged staff and management to support residents to explore new opportunities in their social and personal development goals as restrictions ease, while still maintaining a proportionate level of infection control precautions such as social distancing and face coverings in certain locations.

Quality and safety

On the whole, the practices and procedures followed by the staff team were effective in keeping themselves and residents safe. Since the previous inspection in April 2021, there had been work completed to rectify issues raised regarding the upkeep and cleanliness of the premises, including repainting walls, replacing flooring and disposing old equipment and furniture to free up storage areas.

Resident bedrooms, living rooms and kitchen areas were in a good state of maintenance and their environments could be effectively cleaned and sanitised. The staff used colour-coded mops and buckets for different areas of the house, and were provided instruction on how to clean areas, how often it was required, and the materials and substances to be used. Staff were provided guidance on how to compose the cleaning fluids required for different surfaces. The provider was in the process of de-cluttering a storage area of old furniture and unused equipment to make more effective use of the space for the storage of appliances, resident belongings and cleaning equipment. Staff followed a cleaning checklist to ensure that general and frequently-touched surfaces were routinely cleaned. Some minor areas were identified as not being fully cleaned, and these were addressed by staff with action taken to ensure they were part of ongoing checks going forward. Medicine storage spaces were clean and effectively sanitised, and the person in charge took action during the inspection to replace a piece of medical equipment which was damaged. Protocols for sanitising medical devices such as inhaler masks were clearly outlined to staff.

The inspector observed good examples of risk prevention and control practices for specific infection risks. One bathroom had an ongoing drainage issue, for which staff were routinely flushing drains through to mitigate malodour, and evidence was provided that the water was periodically tested to ensure it was free of bacteria. Regular pest control inspections also took place in the designated centre, provided by an external company. Staff were trained in food hygiene and safety, and the inspector observed a clean food preparation area including colour coded chopping boards and sanitising features.

The risk register for the centre was continuously updated and covered risk controls related to waste management, disposal of sharp items, contact with un-vaccinated people, food safety, laundry, and precautions when receiving visitors. The inspector found evidence indicating that the risk controls outlined in the register were being followed in practice by the staff team and were based on the specific information relevant to this designated centre.

The house was sufficiently stocked with hand sanitising supplies and cleaning equipment. Staff were observed wearing personal protective equipment correctly and in accordance with current national recommendations. On arrival, staff conducted appropriate temperature and symptom checks to ensure that people entering the house could do so safely. There had been a good uptake of vaccination against COVID-19 among both residents and staff.

Regulation 27: Protection against infection

Overall, the management, staff and residents had been supported to carry out their respective roles in effectively managing risks related to infection prevention and control. The provider had liaised with the relevant external personnel to ensure that their infection management strategies were informed by infection prevention and control expertise and evidence-based practice.

The inspector found good examples of comprehensive infection control protocols and contingency plans being developed at provider level, as well as centre-specific risk controls for the front-line staff to follow. Infection control was a topic routinely reviewed as part of the general operation of the centre, including being discussed in team meetings, audits and quality reviews.

Staff were suitably educated in good infection control practices, and a member of the team led on ensuring compliance with good practice and standards was maintained. The premises of the centre had greatly improved in cleanliness and upkeep since the previous inspection, with outstanding work in progress to maintain a safe environment in the residents' home. Staff day-to-day practices such as hand hygiene, food safety, water hygiene, and monitoring of signs and symptoms of infection risk, were carried out diligently and in accordance with best practice recommendations.

Judgment: 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	Compliant