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## The Burrow, OSV-0007888, 14 June 2022

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

## Issued by the Chief Inspector

Name of designated centre:	The Burrow
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	14 June 2022
Centre ID:	OSV-0007888
Fieldwork ID:	MON-0035913

## About the designated centre

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

The centre provides residential services for children and young adults aged 10 to 18 years with intellectual disabilities and is located close to a large town. The centre is a bungalow with a kitchen, bathroom, sittingroom and a relaxation room. Each of the residents has their own bedroom, and an outdoor space is equipped with play equipment. The centre is managed by a person in charge, and team leaders and direct support workers provide day to day support and care. Links with community health services and education services are maintained for residents, and additional support is provided by a multidisciplinary team within the service. Residents are supported to participate in the community and avail of amenities and recreational activities, and the centre has it's own transport. Residents are supported to maintain contact with their families and have access to the internet and telephones.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 14 June 2022	11:30hrs to 19:55hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspector met with a team leader, the person in charge and assistant director of services. The inspector briefly met the two residents at the end of the inspection. The inspection was completed over one day.

Overall the inspector found that while residents appeared to have good opportunities in the centre, and were active within the community, the provider had failed to ensure that satisfactory standards were in place to minimise the risk of healthcare acquired infections. There was inadequate oversight of IPC risks and procedures in the centre. Specifically healthcare risks and infection control risks had not been adequately assessed, or planned for, and the contingency arrangements in the centre required review to ensure safe and streamlined procedures were in place. Parts of the premises required attention, to ensure infection prevention and control procedures could be carried out to a satisfactory standard, and to minimise risks of cross contamination. This is discussed in more detail in the next two sections of this report.

The inspector observed that on arrival, there was hand sanitising equipment available at the entrance, and protective masks for staff and visitors use. Staff and visitors temperatures and symptoms were checked on entry to the centre and complete records were maintained.

The centre comprised of a single storey dwelling, located on the outskirts of a large town. There was a sitting room with an adjoining play room, a kitchen dining room, an office, two bedrooms, and one bathroom. The inspector was shown around the premises by the team leader and the person in charge. There was a rear garden with play equipment available and a garage, where surplus PPE was stored.

Overall most of the premises was clean; however some issues were observed which required attention. For example, some surfaces of kitchen cupboards were damaged, paint was damaged on some walls, there was some debris noted in the hotpress, and storage was needed for personal protective equipment and disinfectant in the bathroom in line with an identified risk.

There were two children living in the centre, and both children attended school on a fulltime basis. From speaking with the team leader and person in charge, and from a review of personal plans it was evident that the residents were supported with a range of age-appropriate activities in the evenings after school and at the weekends. For example, swimming, Lego club, football, and beach walks. Residents were also supported to visit with their families either at home or meeting up in the community. The communication needs of residents were assessed and assistive supports such as electronic devices, social stories, choice boards and picture

schedules were in use for residents in line with professional recommendations.

Overall the inspector found the provider had failed to adequately identify, address and monitor risks related to IPC in this centre, so as to ensure services provided were in line with the National Standards for infection prevention and control in community services and to meet the requirements of regulation 27: protection against infection.

## Capacity and capability

The overall governance and management arrangements in this service had failed to ensure the centre was meeting the legal requirements of regulation 27: protection against infection and, the National Standards for infection prevention and control in community services.

Significant risks were identified in the procedures for decontamination of equipment, and for the planning and implementing of care where a heightened IPC risk existed. The provider was requested to provide assurances by the end of the inspection. While assurances were provided in relation to the decontamination of equipment, a satisfactory response was not provided regarding infection prevention and control care provision for one resident. The provider was informed, and subsequently issued with an urgent action on the day following the inspection, to address this issue and a further issue relating to contingency planning. The provider subsequently submitted a compliance plan which satisfactorily addressed these issues in order to mitigate those specific risks.

The provider had a range of policies and procedures in place in relation to IPC, for example, an infection prevention and control policy, a safety statement, a corporate risk register and centre risk assessments. However, not all risks had been adequately assessed or managed, including as stated the high risk of infection for a resident, the planning of care specific to risks for the resident, and decontamination of clinical equipment. Other areas where improvements were required included waste disposal, cleaning of storage areas for PPE and safe food storage. The provider had also not ensured the measures in risk management plans were implemented or were guiding good IPC practices. This is discussed further in the next section of this report.

The provider had developed a contingency plan, and the inspector reviewed the contingency plan available in the centre which had been updated in January 2022. The contingency plan outlined the organisational response to a suspected case of COVID-19 in the centre; however, this was not reflective of the account given by the person in charge. For example, the person in charge had outlined that a resident may have difficulty isolating, and an alternative accommodation would be sourced for the second resident in the centre. Subsequently, the inspector was informed the

contingency plan had since been updated with alternative plans; however, a copy of this had not been made available to staff in the centre. This meant that staff did not know the specific actions that would be taken to manage self-isolation for residents in the event of a suspected case of COVID-19. An urgent action was issued to the provider on the day following the inspection.

The person in charge, assistant director, and team leader were not clear on the organisational structure for the management of IPC in the service, and conflicting information was contained in documentation such as risk assessments and the available contingency plan. The updated contingency plan, which had not been made available to staff, outlined the current organisational structure for IPC in the service.

Given the significant issues identified on inspection, the inspector found there was inadequate monitoring of the IPC risks, practices, and procedures in this centre. This meant that residents were not been provided with a satisfactory standard of infection prevention and control care, and as such were being exposed to ongoing risks. There were a significant number of issues which the provider had failed to identify in reviews such as HIQA self-assessment audits, a six monthly unannounced visit, and governance meetings.

There were sufficient staff in the centre in order to meet the residents' needs, and to attend to the IPC tasks. There was two staff on duty during the day, and two staff at night time in a waking capacity. Staff had been provided with training in infection prevention and control, standard and transmission based precautions, donning and doffing PPE, hand hygiene, and respiratory and cough etiquette.

## Quality and safety

Overall the inspector found satisfactory arrangements were not in place to protect residents from the risk of healthcare acquired infections. While information regarding infection prevention and control procedures and risks had been provided to residents, the provider had not adequately considered the presenting risks, and had not put consistent measures in place to mitigate these risks. Clinical equipment was not kept clean, waste disposal equipment was not satisfactory to ensure a good standard of infection prevention and control. Parts of the premises required cleaning and repair, and food storage required attention.

Residents had been provided with information about infection prevention and control practices and COVID-19, in line with their communication needs. For example, there were a number of picture guides on handwashing throughout the centre, accessible information was available on COVID-19, and discussions about the use of PPE and good hand hygiene had taken place during residents' meetings.

While there were some aspects of care which promoted IPC, overall the provider had not adequately identified some issues or planned care which comprehensively mitigated healthcare acquired infection risks. For example, there was no clear plans in place which incorporated infection prevention and control measures, in the case where a resident due to healthcare needs, had been identified as at high risk. The provider was requested to provide assurances by the end of the inspection; however, a satisfactory response was not received by the end of the inspection. Similarly, cleaning was required to be completed each time the shared bathroom was used; however, on the day of the inspection, the disinfectant was not available in the bathroom and staff told the inspector it was available in the centre vehicle. No records were maintained of bathroom cleaning post use, and the person in charge told the inspector they were not assured that this was consistently being carried out. In addition, residents' toothbrushes were openly stored without covers beneath the handwashing dispensing bottle in the bathroom, despite it being identified in a management meeting in February of this year that these covers were required to be sourced. By the end of the inspection the person in charge had sourced covers for toothbrushes, and arranged for residents' toothbrushes to be stored in separate locations.

There had been one admission to the centre since the last inspection, and staff outlined that a COVID-19 test had been completed for a resident prior to admission. However, staff were not able to provide written evidence this had been completed. Residents had been given the opportunity to avail of COVID-19 vaccinations if they so wished.

There was sufficient PPE in the centre, and staff were observed to wear face masks in line with public health guidelines. With the exception of the bathroom, hand sanitisers were available throughout the centre, and there was adequate handwashing facilities. Some improvement was required to ensure access to hand drying facilities in the bathroom, took account of an identified risk for a resident. By the end of the inspection, the person in charge outlined the measures they were taking to ensure this issue was addressed.

In general the centre was clean; however, a number of areas were observed to need attention. These included;

the hotpress had a build-up of debris on the floor,  
the storage press for mops and brushes was not clean,  
the shelving and floor in the garage where PPE was stored had some dust visible,  
there was damage to the doors of some kitchen presses, which was not conducive to effective IPC measures,  
there was paint damage to a number of walls in the centre, and the plaster on one wall was damaged.

While the person in charge outlined that some of these items had been reported to maintenance for repair, this was not evident from a review of the maintenance record.

The provider had implemented a cleaning schedule within the centre, and all

scheduled tasks were signed as completed. However, as mentioned records of cleaning of the bathroom post use were not maintained, and cleaning of the area where PPE was stored did not form part of this schedule. Colour coded mops, buckets, and cloths were provided in the centre for cleaning purposes.

Satisfactory measures were not in place relating to the disposal of waste in the centre. The inspector observed the pedal bin in the bathroom was not functioning, and the two bins in the kitchen were hand operated. By the end of the inspection, the bins in the kitchen had been replaced with a pedal operated bin, and the person in charge had made arrangements for the bin in the bathroom to be replaced.

Clinical equipment was not maintained or decontaminated appropriately, to minimise the risk of transmitting infection. A respiratory apparatus, used on a nightly basis was observed to visibly unclean, with debris evident on the face mask, and a build-up of residue in the water chamber. This mask was inappropriately stored uncovered in a toy box. The team leader outlined this equipment was cleaned nightly before use; however, there were no cleaning records maintained, and there were no guidelines available on how the equipment should be cleaned. The person in charge could not confirm if this equipment had been serviced, and when the next service was due. Due to the significant risk this presented to a resident, the provider was asked to give assurances regarding the hygiene and suitable storage of this equipment, and this was provided by the end of the inspection.

Satisfactory arrangements were in place for the management of laundry in the centre, and residents' used linen was stored and laundered separately.

There were some measures in place related to food safety including the use of color coded chopping boards, checking fridge and freezer temperatures, and regular cleaning of food storage and cooking equipment. Dates of opening were provided on food packages. However, the inspector observed that food was not safely stored in the fridge, with raw meat stored above fresh food. This was not in line with the centre risk management plan for food safety. This was pointed out to the team leader, who immediately rectified this issue.

There were some measures in place to promote the identification and control of infection, for example, residents' and staff temperatures were recorded twice daily, personal equipment was monitored for damage weekly, and staff completed a weekly procedure for the prevention of legionnaires disease. In addition, the provider had engaged the services of an external contractor to complete regular water safety checks. However, as mentioned staff were not clear on the action to take in the event a resident was suspected as having COVID-19, specifically where it had been identified that a resident may find it difficult to self-isolate.

As mentioned the provider was issued with an urgent action plan on the day following the inspection. In response the provider submitted a plan outlining the actions they were taking in relation to oversight of IPC in the centre, healthcare risks, cleaning arrangements, risks management and the contingency arrangements in the centre.

## Regulation 27: Protection against infection

The overall governance and management arrangements in this service had failed to ensure that infection prevention and control standards were being adhered to in the service and the provider was meeting the legal requirements of regulation 27: protection against infection and, the National Standards for infection prevention and control in community services.

Assurances were sought on the day of the inspection in relation to the decontamination and storage of clinical of equipment, and in relation to the specific healthcare risks. Satisfactory assurances were provided for one of these issues, by the end of the inspection, regarding clinical equipment.

An urgent action was issued on the day following the inspection, in relation to the outstanding healthcare risks, and the centre contingency plan.

Improvement was required to ensure staff were knowledgeable on the actions to take in the event of a suspected or confirmed case of infection in the centre, and the organisational reporting and management structure for IPC in the service.

There was inadequate oversight of IPC procedures and management of IPC risks in the centre, meaning residents were exposed to an ongoing risk of infection. This included failure of the provider to identify through their own auditing processes issues identified on this inspection, for example, issues with IPC cleaning procedures, individual residents' risks, environmental cleaning, food safety, staff knowledge of contingency arrangements, and decontamination of clinical equipment.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for The Burrow OSV-0007888

Inspection ID: MON-0035913

Date of inspection: 14/06/2022

## 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> <p>Governance: A full review of the governance and management arrangements in this service has been completed to 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 as published by the Authority. Assurance mechanisms will include the introduction of a comprehensive and robust monthly IPC audit. Regular attendance and medication auditing by the Community Nurse, Medical Devices will be included in the medication audits. Frequent attendance in the centre by the Assistant Director of Services, to conduct governance meetings, IPC audits and unannounced 6 Month Provider Led Audits. Periodic unannounced IPC audits. Readily available IPC policies, procedures and latest national updates. Access to designated specialist staff in Public Health.</p> <p>Healthcare: The Community Nurse has completed a review of all residents healthcare needs and the IPC arrangements required to ensure that they are protected from contracting a healthcare associated infection.</p> <p>The outcome of this review recommended a consultation with a resident's GP regarding their underlining health conditions, to inform appropriate care planning documentation. This is scheduled for 16/06/2022. A resident with underlining health conditions has a COVID-19 booster vaccination scheduled for 18/06/2022.</p> <p>Risk Management: Arrangements put in place include the development of a detailed individualised risk assessment, outlining the measures required to ensure a safe service is available. Control measures include;</p> <ol style="list-style-type: none"> <li>1. Identification of the residents underlying healthcare concerns that makes them vulnerable to infection. A review of care plans has been developed to include each residents specific needs.</li> <li>2. NB if a residents temperature exceeds 38 degrees C, Medical attention should be sought as blood test maybe required.</li> <li>3. Staff to adhere to standard precautions and infection prevention and control practices</li> </ol>	

and procedures (including transmission-based precautions if required).

4. Staff to adhere to good hand hygiene practices, including adherence to the WHO 5 moments of hand hygiene to minimise the risk of acquiring or transmitting infection.

5. The appropriate use of all required PPE - Hand sanitizers in place for use by all residents and staff. Staff advised of the importance of standard precautions with all residents at all times, in particular hand hygiene, respiratory hygiene, equipment hygiene and environmental hygiene. Staff to follow recommendations for PPE and social distancing in line with the latest Public Health guidance.

6. Heightened awareness of the signs and symptoms associated with infection, including the monitoring of temperature and symptoms, twice daily for staff and residents.

7. The requirement for enhanced cleaning arrangements in the shared bathroom.

8. The recording of the cleaning practices within the centre. All cutlery/delph to be washed in the dishwasher

9. Readily available access to appropriately stored cleaning and disinfection agents.

Regular health review with GP and Community Nurses.

10. Staff to report to the Person in Charge in the event that they experience symptoms of COVID-19. List of symptoms given to staff. Staff to observe residents for any symptoms and report same to the Person in Charge/On Call management. Advice will be sought from the resident's GP or the Out of Hours NEDOC. The resident is supported with PPE and hand washing techniques. On Call management support available after hours.

11. Attendance with all appropriate hospital appointments

12. Availing of all appropriate vaccinations, in line with the residents wishes.

13. Resident should be encouraged and facilitated to clean their hands and actively assisted with this practice where necessary.

14. Key messages around cough etiquette with staff and the resident's will include:

a. Cover your mouth and nose with a disposable tissue when coughing and sneezing to contain respiratory secretions.

b. Discard used tissues and clean your hands.

c. If you don't have a tissue, cough into your forearm or the crook of your elbow.

d. Clean your hands.

15. The resident will be made aware of the need to report any new symptoms of illness to staff members.

16. Residents will be supported to take additional measures to reduce their risk of infection over and above general measures applied in the Designated Centre. Residents will be encouraged to wear a mask in busy areas of the community and shared transport.

17. House risk assessment for Visitors and Home leave on Risk register.

Individual risk assessment in place for home visits (in family Contact) which includes protocols for visits. This is updated in line with recommendations from government and steering group.

18. In line with national guidance, all staff will be encouraged and facilitated to get vaccinated against COVID-19. This risk assessment has been disseminated to all staff to inform & guide their practice. It will also be reviewed at the next team meeting 17/06/2022.

- Cleaning: A daily IPC checklist is now completed by Team Leads in the morning and a walk around with night staff is undertaken to check that assigned tasks have been completed, this includes but is not limited to, scheduled daily cleaning, deep cleaning and equipment cleaning, checks of hand sanitizers and replenishing hand towel dispensers. It also includes the implementation and documentation of revised cleaning in the centres

communal bathroom. Mandatory training in the decontamination of environment and equipment has been introduced.

- Storage of PPE has been moved to a secure and appropriate area.
- Medical device was thoroughly cleaned and now has a robust cleaning schedule in place, in line with the manufacturers guidance. Service history for the device was documented and a service booked on 16/06/2022.
- All areas within the centre have been cleaned.
- A full list of maintenance issues has been developed, and a Priority based Maintenance Plan has been plan in place.
- New Fridge purchased and installed.
- Contingency Arrangements: The current COVID-19 contingency plan has been printed and included in the staff handover. The Person in Charge discussed this with staff on the day of Inspection and each day subsequent, until all staff were informed. Clarity regarding the services approach to isolation has been provided, in line with the current HSPC guidance
- The initial assessment of the resident should be performed by their GP.
- If the resident is eligible for consideration for specific antiviral treatment they should be referred appropriately for assessment. If the clinical condition does not require hospitalisation, the resident will not be transferred from the facility on infection prevention and control grounds.
- 1:1 staffing ratio in place to ensure residents support needs are met.
- Appropriate ventilation of the centre.
- A clear plan will be put in place to reduce the likelihood of cross contamination.
  
- IPC:A post inspection IPC specific team meeting is scheduled for 17/06/2022 @ 10am which will detail all required IPC arrangements for the house. This will include an update to staff on the infection control measures in place to keep all residents safe and the specific contingency arrangements in place for residents.
  
- All toothbrushes are now stored appropriately and have appropriate coverings.
  
- An organisational Person in Charge meeting has been scheduled for 16/06/2022 and the contingency plan will be discussed during this.
  
- Training-  
The following training will be deemed mandatory and will be completed by all staff in the centre
  1. Hand hygiene
  2. Standard precautions
  3. Transmission-based precautions..
  4. Basics of Infection Prevention and Control
  5. AMRIC Personal Protective Equipment
  6. AMRIC Respiratory Hygiene and Cough Etiquette
  7. Infection prevention and control cleaning and decontamination of the healthcare environment and service user equipment
  8. Introduction to Infection Prevention and Control and Antimicrobial Resistance
  9. Infection prevention and control management of blood and body fluid spill.

## 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	Red	16/06/2022