



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

## Issued by the Chief Inspector

Name of designated centre:	Rathmore House
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	08 December 2022
Centre ID:	OSV-0002037
Fieldwork ID:	MON-0037374

## About the designated centre

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

The designated centre is operated by Enable Ireland and is based in a rural area outside a town in Co. Wicklow. The service provides holiday respite breaks for adults who reside in the CHO6 area, and who meet the assessed criteria. Breaks are facilitated for up to 6 nights in the week for a maximum of three adults per break; the size of the group depends on the person's needs, support/dependency levels, and staffing levels are allocated to reflect the support needs of service users. The centre is a two storey house which consists of six bedrooms, one of which includes an en-suite. Two of the bedrooms are used as offices. There is a large conservatory which is used for activities and dining. There is also a sitting room, kitchen, a large bathroom, and two smaller shower and toilet facilities. The centre is staffed by the person in charge, a staff nurse, a team leader, social care workers and health care assistants who are responsible for supporting the care needs of all residents throughout their break.

**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
Thursday 8 December 2022	09:00hrs to 17:00hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation. This inspection was unannounced. The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also had the opportunity to meet with all of the respite residents who were availing of the service that week. The inspector also observed respite residents in the centre throughout the day, including care and support interactions between them and their staff.

For the most part, residents who met and spoke with the inspector, did not communicate their feedback about infection prevention and control measures in the centre. The inspector used conversations with staff, observations and a review of the documentation to form a judgment on the overall levels of compliance in relation to infection prevention and control. Overall, the inspector found that the provider had generally met the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, however, some actions were required to bring the centre in to full compliance.

On arrival to the centre, the inspector was met by a member of staff who completed a symptom check as part of the visitor's procedures in place, and pointed out the hand sanitiser facility to the inspector.

The centre comprised of a two storey house and consisted of six bedrooms, two of which were used as staff offices. Each resident was provided their own bedroom during their stay. Communal facilities included a large conservatory room which was used for dining and for a variety of activities. There was a sitting room and kitchen and a spacious well-equipped bathroom. The centre also provided an external utility room with a well laid-out storage system.

The design and layout of the house ensured that each resident could enjoy their respite visit in an accessible, safe and comfortable environment. The house was fitted with a number of assistive devices to support respite residents easily access their environment and promote independence. Overall, the inspector observed the house to be clean and tidy and it was evident staff were adhering to the cleaning schedules in place. The house was decorated externally and internally with a variety of Christmas decorations. A large Christmas tree was placed in the conservatory room surrounded by lots of festive decorations.

Throughout the day, the inspector observed staff engaging in cleaning tasks and duties in the centre. When speaking with the staff, the inspector found that staff were knowledgeable of the cleaning systems in place in the centre. They informed the inspector of the colour coded systems in place for mops and cloths and which areas of the house these were used in.

Staff were observed to be wearing appropriate personal protective equipment (PPE) and there was ample stock of PPE within the centre including gloves, masks and aprons. Staff informed the inspector that they had completed training related to infection prevention and control and that the training was refreshed every year. Staff were aware of what to do should there be an infectious outbreak in the centre and informed the inspector of the steps taken during an outbreak in July 2022 which ensured the safe care of respite residents during that period. Staff were aware of where to access policies, procedures and guidance relating to COVID-19 and informed the inspector of how they had found them a useful tool to refer to during the outbreak.

The inspector observed hand-washing signage in bathroom/toilet facilities which provided staff and respite residents, guidance on good hand washing practices. Residents' personal toiletries such as shampoo, shower gel, toothbrushes and hair brushes were kept separately for their personal use in the bedroom they were staying in during their break. All sink areas included hand soap, hand gel and single use towels.

There was an appropriate number of hand-sanitiser points located throughout the house. All hand soap and hand sanitiser dispensers were found to be fully stocked with systems in place to ensure they were regularly replenished.

During the morning the inspector observed residents enjoying decorating Christmas cards and appeared happy and content completing this activity. Later in the afternoon, the inspector observed the same two residents enjoying a baking activity with the support of their staff. The inspector also met with another resident who was in the sitting room watching movies. The resident told the inspector they had been to the cinema on Wednesday night and were looking forward to going again on Friday night to see a Christmas movie. The resident informed the inspector that they had celebrated their birthday during the week which included a birthday party with a home-made cake of their choice. Overall, residents expressed that they enjoyed their respite break and were happy with the service provided to them.

Since the last inspection, there had been improvement to the outdoor areas of the house. There was a new layout to the garden at the back of the premises. The layout included accessible pathways and railings that ran through an assortment of shrubs, flowers, trees and garden structures and furniture. It also included raised flower beds, a Polly tunnel (where respite resident grew fruit and vegetables) and a Hen coop. The inspector was informed by the person in charge that respite residents enjoyed collecting the eggs from the hens in the morning to have for their breakfast.

Respite residents were encouraged and supported around active decision making and social inclusion. Residents participated in group communication meetings on the first day of their respite stay. Residents talked about what they would like to do during their break including the meals they would like eat during the week. Health and safety matters were also discussed including fire safety and matters relating to infection prevention and control, such as how to keep safe during the health

pandemic. Respite residents were also informed of the staff on duty that week.

Since the last inspection, there had been improvements made to the agenda of the residents' communication meeting. Additional information regarding infection prevention and control matters was included on the agenda and discussed in detail at the meetings. In particular, there was information regarding the centres contingency plan to ensure respite residents were aware of the plan should there be an outbreak of an infectious disease, with particular emphasis on Covid-19. Residents were also informed about self-isolation plans, in the event of them being required during their stay. Respite residents were also provided with information to support them stay safe in the house and in the community. For example, information and guidance on good hand-hygiene practices.

Overall, the inspector found that the registered provider was endeavouring to implement systems and arrangements to ensure that procedures consistent with the National Standards for infection prevention and control in community services (HIQA, 2018) were in place. However, some improvements were needed to ensure that the measures in place, to assess performance against infection prevention control standards and best practice, were effective at all times to ensure they protected residents against acquiring healthcare-associated infections.

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

## Capacity and capability

The inspector found that the governance and management arrangements in place in the designated centre ensured the delivery of care and support in a manner that endeavoured to protect respite residents from the risk of acquiring a healthcare-associated infection. While, overall, there were appropriated governance and management structures in place, some enhancements were needed the systems to ensure that infection prevention and control was prioritised at highest levels of management within the organisation.

Through conversations with the person in charge and staff members, it was evident they were aware of the reporting structure within the centre and who to contact should there be a suspected or confirmed case of infectious disease. However, there was no identified individual, with overall accountability, responsibility and authority for infection prevention and control within the organisation. In addition, while the person in charge assumed the role of the lead for infection prevention and control in the centre, this was not clearly identified on any of the infection prevention and control policies, procedures or guidance in place. In addition, the person in charge had not been provided with any additional training that would better support in them in this role to manage key areas of infection prevention and

control within the designated centre.

There was an infection control policy that overall, contained well-defined procedures and provided clear guidance. There were a number of associated standard operating procedures in place to supplement the infection control policy. The procedures provided guidance on laundry management, waste management and cleaning systems but to mention a few. In addition, there was a variety of guidance on infection prevention and control including COVID-19, guidance on the use of personal protective equipment (PPE), symptom checklist, COVID-19 respite service admission checklist, infection prevention and control induction checklist for employees and checklist for PPE and supplies. Furthermore,, there was a suite of information and guidance available in the centre on infection prevention and control and COVID-19 from a variety of sources including Government, regulatory bodies, the Health Service Executive, and the Health Protection and Surveillance Centre (HSPC).

The provider had completed six monthly unannounced reviews of the quality and safety of care and support in the centre, and had put an action plan in place to follow up on any improvements identified. The review incorporated infection prevention and control matters and where improvement were needed, there were clear actions and completion dates provided.

The person in charge, supported by the team leader, completed a series of local audits in the centre which considered infection prevention and control and monitored the quality of care and support provided to residents. These included an annual infection prevention and control audit of the designated centre, six monthly hand hygiene audits and a weekly environmental audit tool. These audits and checks were in addition to the handover checklist and daily cleaning checklists. Overall, the local audits were comprehensive in nature and effective in ensuring the health, safety and wellbeing of residents during their respite break.

The inspector met with members of the staff team during the course of the inspection. Staff were provided with appropriate training relating to infection prevention and control including standard and transmission based precautions, hand hygiene and wearing and removal of personal protective equipment (PPE). Staff were also provided with regular supervision meetings including a group supervision session at the end of the year. Staff who spoke with the inspector, demonstrated good knowledge of standard and transmission based precautions including the associated local standard operating procedure documents. In addition to training, the person in charge carried out on-site infection prevention and control related knowledge, assessment and competencies checks with individual staff members.

There was a well-established staff team in the centre. The centre was operating with a full staffing complement as per the statement of purpose. On the day of the inspection, the staffing levels and mix met the centre's infection prevention and control needs. In November 2022, a new staff member was employed specifically for cleaning duties to support staff with the cleaning schedules in place. The inspector reviewed the roster and saw that staffing levels were maintained, at all times.



The inspector reviewed records of team meetings and found that infection, prevention and control was a standing agenda item that was regularly discussed. On review of the August 2022 team meeting, the inspector saw that a review of the COVID-19 outbreak, which occurred in the centre in July 2022, had taken place. The review enabled team discussion and shared learning regarding the event. In addition, group training relating to infection, prevention and control, was often included during team meetings. For example, the person in charge had provided training on the use of two different types of spill kits during a team meeting.

The registered provider had a COVID-19 contingency plan, which included guidance on infection prevention and control measures, the management of suspected or confirmed cases of COVID-19 for residents and staff, and contingency plans in relation to staffing and other essential services. On the day of the inspection, the person in charge reviewed the document and updated it to include further information regarding the contingency plan for staffing. However, overall, some improvements were needed to the plan to ensure all precautions and associated standard operating procedures were incorporated into the plan to ensure it was effective at all times.

## Quality and safety

The inspector found that overall, the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs during their respite stay in the designated centre. There were many areas of good practice noted in the organisation's implementation of infection, prevention and control procedures. Respite residents were well informed, involved and supported in the prevention and control of health-care associated infections during their breaks. It was clear that residents had been supported to understand why infection prevention and control precautions were taken and had been facilitated with opportunities to ask questions about this matter. There was an outbreak management plan for the centre, including a plan for self-isolation if needed, however, enhancements were needed to ensure a more comprehensive plan was in place and that associated plans promoted a person centred approach.

Residents were supported to engage, in a meaningful way, at their respite communication meeting on the first day of their break. These meetings provided residents with an opportunity to learn and ask questions about the outbreak management plan in the centre and what steps were in place should they, or their fellow respite residents, become suspected or confirmed with an infectious disease.

Through conversations with staff and through observations, the inspector found that residents' privacy and dignity was respected and promoted at all times. Where appropriate, and in line with residents' personal care assessed needs, PPE and appropriate health-related waste systems were easily accessible in residents' bedrooms.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, spacious, comfortable and homely environment. The inspector observed the house to be clean and tidy. Christmas decorations provided a homely and festive feel to the residence. While there was some upkeep and repair needed to areas of the centre, the person in charge had identified these and was tracking them on a number of household and infection prevention and control audits. There was a plan in place during the upcoming holiday period, when the respite service was due to close, that the necessary maintenance work would be completed.

Many residents required supports in relation to their manual handling and healthcare needs during their respite stay. The provider had ensured the centre was supplied with manual handling aids and devices to support residents' mobility and manual handling requirements. All bedrooms and bathrooms used by residents were supplied and fitted with assistive aids and overhead hoists. Residents were also provided with aids and appliances that supported their personal hygiene and intimate care needs. However, while the equipment appeared clean, improvements were needed to ensure that there were appropriate guidance and cleaning schedules in place for all equipment. This was to ensure that the centre's equipment, including some of the residents equipment, was cleaned, decontaminated and used in accordance with legislation, manufacturer's instructions and best practice guidance. On the day of the inspection, the person in charge promptly put in place guidance and checklist for the centre's overhead hoists and for the cleaning of residents' mobility equipment after their return from the community.

There was ample PPE available in house; there was a large stock of PPE stored in the laundry room in designated centre. The centre had adequate hand-washing facilities in the house and there was a good supply of hand-sanitising gel located at entry points and through-out the house. There was a trolley stored under the staircase in the house to be used in case of a suspected or confirmed case of Covid-19. The trolley include self-isolation door signage, protocols to be followed for self-isolation and a number of drawers which contain all PPE required to support the care and support of residents should they have to self-isolate.

Overall, individual and location risk assessments were in place to ensure that safe care and support was provided to residents during their stay at the respite centre. However, on review of the register, the inspector saw that the risk assessment associated with COVID-19 had been removed from the register.

There was an information folder in place in the centre, specific to COVID-19 and was made available to staff. The folder contained guidance, protocols and measures on how to keep residents safe from the risk of spread of infectious disease during their respite break. Standing operating procedures associated with suspected or confirmed cases of COVID-19 were also included in the folder. Staff informed the inspector, that they found the standing operating procedures very useful during the time there was a COVID-19 outbreak in the centre. The steps on the procedures helped refresh their knowledge and ensured the correct procedures were followed. As a result, all residents staying in the centre during that period were provided with appropriate and safe care and in line with their needs and preferences.

There was a comprehensive cleaning schedule in place in the respite centre and there was evidence that staff were adhering to it. In addition there were standard operating procedures in place to support the correct method of cleaning the different rooms in the house and the cleaning products and appropriate colour-coded equipment to be use. Staff who spoke with the inspector demonstrated good knowledge of the appropriate use of cleaning products and equipment and of the colour coded cleaning equipment system in place.

The inspector observed the laundry facilities in the centre to be appropriate to the needs of the service. There was ample storage in the laundry room with a well organised system in place that included clearly labelled storage cupboards for PPE, cleaning products, cleaning equipment, and personal care items, but to mention a few. Overall, the inspector found that the arrangements in place for laundering respite residents' clothing and linen were found to be in line with the providers' policy. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry and in particular, in the event of soiled laundry and in the event of an infectious decease outbreak.

There was an outbreak response plan in place for COVID-19 that included a contingency plan framework for service provision. Overall, the plan included contingency measures to follow if an outbreak occurred, and how to control an outbreak and limit the spread of infection. While the plan included steps to be followed, as well as an array of associated standing operating procedures should a suspected or confirmed outbreak occur, overall, the inspector found, that enhancements were needed to ensure all appropriate precautions were included in the plan.

The outbreak plan included information on a self-isolation plan, should it be required. However, on review of the plan the inspector found it to be generic in nature and lacking in a person centred approach. As such, the plan did not adequately provide for specific precautions that may be required for some respite residents.

## Regulation 27: Protection against infection

Overall, the provider and person in charge had generally met the requirement of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, however, some improvements were required.

The inspector found that the provider had not fully implemented satisfactory governance and management structure that ensured there was an individual/s at the highest level, identified for the service with overall accountability, responsibility and authority for infection prevention and control. Similarly, for the designated centre, the provider had not clearly nominated a person to manage key areas of infection, prevention and control in the designated centre or, provided appropriate training to support them in this role.

Improvements were needed to the centre's risk register so that it included risks specific to COVID-19 including, the varying risks associated with the transmission of the virus.

While, on the day of inspection, the person in charge had promptly organised appropriate guidance and check lists for the cleaning of some of the assistive equipment in the centre, including some of the assistive aids for respite residents, a review of all the equipment in place in the centre was needed to ensure that they included the appropriate cleaning guidance and associated check lists.

Improvements were needed to the outbreak management plan for the centre so that it was comprehensive in nature and included all required precautions in the case of an outbreak of an infectious disease. In addition, a review of the self-isolation plan was needed to ensure that it promoted a person centred approach.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Rathmore House OSV-0002037

Inspection ID: MON-0037374

Date of inspection: 08/12/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• PIC is a qualified and experienced clinician at CNM2 level and has completed all the necessary training including hand hygiene assessor training, to ensure effective management of IPC in the designated centre.</li> <li>• Additional training will be provided in conjunction with public health advice as appropriate.</li> <li>• Enable Ireland has a robust governance structure in place for all health and safety and IPC compliance. This includes an IPC policy co-authored by the PIC, a national health and safety statement, auditing and monitoring program, nursing forum overseen by a clinical governance group with access to a both a director of nursing with a masters in IPC and a clinical nurse specialist in IPC at CNM2 level.</li> <li>• All Service Owners attending Rathmore House will have an additional section in their personal care plan to reflect their individual needs &amp; what measures should be taken in the event that they become unwell and are required to isolate in their room.</li> <li>• The Risk Register will be updated to include the ongoing risk of covid 19 pandemic.</li> <li>• The Outbreak of infectious Diseases Contingency will be updated to include all measure required to manage an outbreak of covid 19 or other infectious illness, including SOP's for enhanced cleaning &amp; specified equipment – manufacturers guidance, Waste &amp; Laundry management, Procedures to be followed in the event a Service Owner is required to extent their stay in Rathmore House etc. These measures will be filed in one comprehensive Plan/document.</li> <li>• The Service Owners personal file will contain the person centered approach to their individual needs in the event that they become unwell.</li> <li>• The PIC will be named as the nominated person to manage all key areas of IP&amp;C in our designated centre, and the Team leader will named as the deputy person responsible for IP&amp;C in the absence of the PIC.</li> </ul>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	03/04/2023