



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

Issued by the Chief Inspector

Name of designated centre:	Coolmine Court - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	19 May 2022
Centre ID:	OSV-0003074
Fieldwork ID:	MON-0036130

About the designated centre

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

Coolmine Court is two adjoining two-storey houses that are connected internally by a door located in the front hallway. There is a total of 8 bedrooms, 1 bedroom is being utilised as a staff office and bedroom. There is a large back garden and shared front driveway. The team in Coolmine Court provides full time, low to medium support residential care to 7 female residents. The ladies also have varying health care needs. The team in Coolmine Court consists of one clinical nurse manager, two full time staff nurses, one part time nurse, three social care workers, and health care assistants. Staff nurses are rostered daily to support service users medical needs. The care provided in the centre is based on Roper, Logan and Tierney's model of care. The centres Statement of Purpose states: it is the mission of Coolmine Court to provide a person centred and safe home to the service users.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 19 May 2022	09:00hrs to 14:30hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements which the registered provider had put in place in relation to infection prevention and control (IPC) and to monitor compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention Control in Community Settings (HIQA, 2018). Over the course of the day, the inspector met with six of the seven residents living in the centre, two staff members and the person in charge. In addition, the inspector reviewed documentation and observed the physical environment in both houses. Overall, the inspector found that the provider had governance systems and structures in place relating to IPC. However, these arrangements required improvement to ensure monitoring, oversight and ongoing improvement in IPC practices at centre level. These will be detailed later in the report.

The designated centre is home to seven older residents who are in active retirement. The centre comprises two adjoining houses that are connected internally by a door located in the front hallway. Each house has four bedrooms, a kitchen/dining area, a sitting room, downstairs bathroom and upstairs in each house there is a shared bathroom and an en suite bathroom in one bedroom. To the rear is a large garden with a shed which is used for storage.

Residents in the house had a variety of healthcare needs, many of which were related to ageing. All of the residents whom the inspector met with used speech to communicate. Two of the residents required some staff support to contextualise the phrases the residents were using for the inspector to understand. On arrival to the house, residents were being supported to attend to their morning routines. When they had finished breakfast, the inspector met with three of the residents who were seated in the sitting room. One of the residents was colouring, another was completing a jigsaw on their tablet while the third was watching television. The residents told the inspector that they enjoyed going out again following the lifting of government restrictions. One of them told the inspector that they still wore their mask and washed their hands so they "wouldn't get sick". They told the inspector that the staff were telling them about COVID-19 all the time and that they had received their vaccines to "help them be safe". One of the residents had individual time with their key worker that day and were planning on going to get their hair done and out for coffee. Each of the residents had designated days with their key worker where they chose to do an activity of their choice or go out shopping, for coffee or for lunch.

In the second house, the inspector met with two residents who were knitting and watching television with a staff member. Two of the residents had recently been on a trip to London to visit family which they reported to enjoy. One of the residents sang the inspector a song which they had sung for their family on their trip. There were photographs and crafts up on the walls which the residents had done. The third resident told the inspector they had to stay in their room when they have

COVID-19. They told the inspector they were very happy to be well again.

A residents meeting took place once a week in each house. Each of these meetings had an agenda item on COVID-19 and discussions were held about necessary precautions such as wearing masks, hand hygiene and respiratory etiquette. There was easy to read information available for residents about a number of healthcare acquired infections to support their understanding. It was evident that consent had been discussed and sought on vaccinations and testing for COVID-19. Where there were difficulties in obtaining consent, the provider had developed guidance for staff to follow.

All residents had regular access to a GP and to a number of health and social care professionals such as occupational therapy, speech and language therapy and physiotherapy. Each resident had a hospital passport in their care plans which had key information about their communication, their support needs, their healthcare needs and medications. This would enable all relevant information, including the residents' infection status to be provided in the event of a transfer to hospital. Each resident had a risk assessment which determined their ability to maintain social distancing, wear a mask and practice hand hygiene where required/identified issues are raised.

In summary, it was evident to the inspector that residents in the centre were receiving person centred care and support. They were well presented and reported to be happy in their home. Interactions throughout the day were noted to be friendly and kind and it was evident that staff were regularly communicating with and supporting residents with IPC measures such as hand hygiene and wearing of masks. The next two sections of the report will present the inspection findings in relation to governance and management and how these arrangements impacted on the quality and safety of the service being delivered in relation to infection prevention and control.

Capacity and capability

The inspector found that the provider had put a number of systems and structures in place to govern infection prevention and control (IPC) within the organisation. There was an Infection Prevention and Control Committee which operated at regional and national levels. Membership of the committee included the Director of Nursing, the Clinical Director, a senior physician, service managers and a nominated lead from each service area. There was a serious incident management team in place who met weekly or more frequently where there was an outbreak. However, the governance and management arrangements in place to oversee and monitor IPC practices in the centre required improvement to ensure residents were protected from infection. There was a yearly IPC audit carried out by management but there were no regular IPC audits taking place in the centre to assess, monitor and review practices.

The provider had employed a clinical nurse specialist in IPC and public health who provided expertise and liaised with public health as required. An infection prevention and control management plan was in place which included contingency planning, emergency plans, outbreak management plans, allocation of resources and deputising arrangements. There was a clear escalation strategy in place and staff were knowledgeable about what they should do in the event of a resident or another member of staff developing symptoms. It was not clear what systems the provider had in place to have clear oversight of antimicrobial stewardship and this was not evident at centre level. There were a number of policies and procedures in place to guide and inform staff practices such as guidelines on IPC, training and guidance for staff on wearing of PPE and on the management of suspected or positive cases. The person in charge maintained a COVID-19 folder and an IPC folder for staff which had all relevant guidance and information on the contingency plan for the centre. The communications manager issued regular communications of changes in national and local guidance via email to ensure all staff were informed of updates in a timely manner.

The provider had resourced the centre with an adequate number of staff to meet the residents' care and support needs, including their IPC needs. The centre was staffed with nursing staff, social care workers and health care assistants. Shift leaders were identified on each roster and the use of agency and relief staff had decreased significantly since the last inspection. This enabled residents to have continuity of care in addition to reducing the footfall in the centre. Staff had received training in a number of areas related to IPC such as hand hygiene and donning and doffing of personal protective equipment (PPE) and breaking the chain of infection. Staff were found to be knowledgeable about standard based and transmission based precautions and how to manage suspected or positive cases of COVID-19. They described how they monitored residents for symptoms and what systems were in place in the event of an outbreak. The provider's self assessment tool (HIQA, 2020) had indicated that staff would receive training on the use of chlorine based disinfectants as a control measure. This had not been done or recognised as a training need on the staff training matrix.

A review of the centre's safety statement and risk register indicated that there were appropriate systems in place to identify, assess and manage IPC risks. Staff had access to occupational health where it was required and the centre's safety statement and risk register had a number of risk assessments completed relating to the health, safety and welfare of staff members. There was guidance available to staff on how to manage occupational exposure including sharps injuries. Any adverse events were reviewed by both the Health and Safety Committee and the Infection Prevention & Control Committee.

The centre had an outbreak of COVID-19 earlier in 2022. To ensure that all residents were protected during the period of isolation, a synopsis of their care plan was provided outside each residents' bedroom door. Clear allocation of staff had taken place to residents who were positive and guidance on terminal cleaning and disinfection was given to all staff. There were guidelines for staff on what information and items would be required for particular residents in the event they had to transfer elsewhere to receive care. Each resident had a hospital passport in

place in order to share key information with hospital staff such as the residents' communication support needs, the level of support they require, medications and allergies and medical information. There was evidence of a review of learning from the outbreak at a staff meeting. The team were supported to reflect on how they had managed the outbreak and whether there were any areas which would require improvement. This information was then shared with senior management.

Quality and safety

Infection prevention and control was found to be part of the routine delivery of care to protect residents from preventable healthcare-associated infections. Staff were appropriately trained and had a number of policies and standard operating procedures to inform and guide their practices. They were observed to engage in good IPC practices throughout the day including wearing PPE in line with current guidance. Finally, they were knowledgeable about what standard precautions and transmission based precautions were and when to use these precautions appropriately.

The inspector noted that the centre was clean and homely and for the most part, it was in a good state of repair. There were some maintenance issues outstanding since the centre's last inspection such as carpet on both stairs which needed replacing. There was a plan for one of the bathrooms to be converted into a wet room to better suit the residents' needs. Two of the shower chairs were noted to have rust underneath them. In one of the houses, some of the cabinets in the kitchen such as the drawers were damaged. These identified issues in the premises had an impact on staffs' ability to clean and disinfect these areas, thus presenting an IPC risk.

There were daily cleaning schedules in place and this included regular cleaning of touch points. Staff were able to describe their daily cleaning duties in detail. For some equipment such as a wheelchair and hearing aids, there were checklists in place to indicate that they had been cleaned. However, there was no clear guidance or recording system for staff on cleaning which needed to take place less regularly, for example on a weekly, monthly or quarterly basis. In the event of a suspected or a positive case of infection, staff had access to a chlorine based disinfectant which they could request from management. Following the outbreak in one house, an external cleaner had attended the house involved and carried out a deep clean of areas.

Equipment, including cleaning equipment was not decontaminated regularly to minimise the risk of transmitting a health care acquired infection. Mops were stored in buckets in a shed to the rear of the property. Buckets were shared between the houses and found to be dirty. Mops were not cleaned between uses. There was a colour coding system in place for cloths but these were not cleaned frequently. Staff reported that they were discarded each week. One staff member reported that the

storage facilities for mops required improvement as they were stored in buckets in the shed. One resident used a medical device and their equipment was safely stored and washed in line with manufacturers guidelines.

There were appropriate arrangements in place for handling, segregation of clean and used linen, washing, drying and storage. Staff had access to water soluble bags where they were required to manage contaminated laundry. The washing machines were located in the kitchens underneath food preparation areas. However, the provider had carried out a risk assessment and implemented control measures in order to reduce the risk of cross contamination. Waste management was found to be appropriate on a day to day basis and the centre had a contract with an external waste contractor. However, there had been identified issues with the management of clinical waste during and following the outbreak of COVID-19. The provider had purchased an outdoor storage bin to the side of the house to store clinical waste in the appropriate bags. However, there had been a long delay in these bags being picked up, meaning that clinical waste was stored for a long period of time to the side of the property.

In order to safely manage any spillage of body fluids, the provider had recently purchased spill kits for the designated centre. These were to be in place in the centre in the weeks following inspection and information given to staff on their correct use. Regular flushing of all water outlets took place to mitigate against the risk of legionella.

Regulation 27: Protection against infection

The inspector found that while the registered provider had good systems in place to govern IPC, improvements were required in the management arrangements in the centre to ensure ongoing assessment, monitoring and review of IPC practices. Residents appeared content and had been supported to receive information and were consulted with about their wishes in relation to vaccines and testing. The centre was clean and staff were found to be knowledgeable and engaging in good IPC practices in the centre. The following areas were noted as requiring improvement:

- There were inadequate systems in place in the centre to assess, monitor and review IPC practices
- There were inadequate systems in place to oversee antimicrobial stewardship.
- There were no cleaning schedules for cleaning which needed to take place on a weekly, monthly or quarterly basis
- The storage of cleaning equipment was not suitable
- Regular cleaning and disinfection of all equipment used in the centre, including cleaning equipment was reported not to take place.
- Some of the floor surfaces and shower chairs were damaged which resulted in an inability to clean them thoroughly

- Staff training completed was not in line with actions outlined on the HIQA self-assessment tool which the provider had completed.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Coolmine Court - Community Residential Service OSV-0003074

Inspection ID: MON-0036130

Date of inspection: 18/05/2022

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> <p>The provider and PPIM are committed to addressing and resolving the issues.</p> <ul style="list-style-type: none"> • PIC will meet CNS in IPC to review practices • There is now a guideline in place to oversee the antimicrobial stewardship. • PIC and PPIM reviewed cleaning schedules in the designated centre, which now include daily, weekly, monthly and quarterly cleaning. • All equipment in the designated centre are now in the cleaning schedules. • New shower chairs are now ordered and main bathroom will be converted into wet room. • CNS in IPC will look at the storage of all cleaning equipment in the designated centre. • All training needs identified in the IPC assessment is now included in the training matrix. 	

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.	Substantially Compliant	Yellow	27/07/2022