



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

## Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	The Rehab Group
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	13 December 2022
Centre ID:	OSV-0003399
Fieldwork ID:	MON-0035937

## About the designated centre

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

The designated centre is located in County Meath on the outskirts of a town. It is operated by the Rehab Group and provides respite services on a five or six day week basis to children with a disability between the ages of six to 18 years of age. People with Autism, intellectual, physical and sensory disabilities are supported in this centre by a team of care workers, team leaders and a person in charge. The centre has capacity to accommodate five children at a time in the house. The centre provides respite care for a maximum of 80 children. The centre is a detached bungalow which consists of a living room, a sitting room, sensory room, large kitchen with a dining area, a utility room, a staff sleepover room and five individual bedrooms. There was a well-maintained enclosed garden to the rear of the centre containing suitable play equipment. The activities on site includes access to a garden, sensory activities, toy room, computer games, tricycles, swings, sandpit and trampoline. In the community there is access to a playground, GAA facility, running track, play centres, cinema, beach walks, swimming, walks and shops.

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

Number of residents on the date of inspection:	5
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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 13 December 2022	10:05hrs to 17:20hrs	Karena Butler	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 (IPC) and to monitor compliance with the *National Standards for Infection Prevention and Control in Community Services (2018)* and the associated regulation (Regulation 27: Protection against infection). This inspection was unannounced.

Overall, the inspector found that, residents were being protected against the risk of an outbreak of infection due to the IPC practices in place. However, some improvements were required in relation to the organisational policy and supporting documents, cleaning, storage of residents' equipment, and personal protective equipment (PPE). These identified issues will be discussed further in the report.

The inspector met and spoke with the person in charge and one staff member who was on duty throughout the course of the inspection. The inspector did not have the opportunity to meet with any residents as they were out carrying on their normal daily routine and an outing that evening.

On arrival to the centre, the inspector observed there was a dedicated IPC station in the hallway. The inspector was asked to complete a visitor sign in book, and noted that there was hand sanitiser, and clean face masks available for use.

The inspector observed the person in charge and staff members on duty using PPE appropriately, in line with national guidance throughout the course of the inspection. However, the organisation's guidance in relation to PPE usage when supporting residents, was not fully in line with national guidance. This will be discussed further in section two of the report.

The inspector completed a walk around of the premises. Each resident had their own bedroom for their respite stay, which had adequate storage facilities for their belongings. Residents shared bathroom facilities. The centre was clean and tidy in most areas, although some areas required a deeper clean. Additionally, some areas required repair to ensure they could be cleaned effectively.

Staff in the centre had additional responsibility regarding some housekeeping and environmental hygiene. In addition, a contract cleaner was employed to clean the centre five days per week.

The inspector found that there were adequate arrangements in place to support hand hygiene, such as disposable hand towels.

At the time of this inspection, there had been no recent admissions or discharges to the centre. The person in charge confirmed that there were no restrictions in place on visiting the centre. Residents were supported to have access to allied healthcare professionals as required and arranged by their families. There were arrangements

in place for residents to return to their families if they became unwell during their respite break.

Residents were supported during the COVID-19 pandemic, to undertake safe leisure and recreational activities of interest to them, such as visiting parks and beaches. Since government restrictions were lifted, residents had been supported to re-engage in other activities of interest to them. For example, attending swimming, horse riding and trampoline parks.

Residents' rights were seen to be promoted with a range of easy-to-read posters and information supplied to them in a suitable format regarding COVID-19 and IPC information. For example information on cough etiquette.

The inspector saw evidence of some goals and care plans in place to support residents to develop safer hygiene habits and skills. For example, how to wash their hands.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

## Capacity and capability

Generally, the governance and management arrangements were ensuring that, IPC measures were consistently and effectively monitored. Some improvement was required to the organisational policy and some of the supporting standard operating procedures to ensure staff were adequately guided.

There were a range of policies and procedures in place at an organisational level, to guide staff on best practice in relation to IPC. There were 16 in total, covering topics, such as safe handling of laundry, PPE, and management of needlestick injury. However, the policy required review as it did not explain the role and responsibilities of the IPC specialist or the project executive. In addition, while the policy did describe the escalation pathways to report IPC risks through internal line management channels, it did not elaborate on what that structure was. In addition, it did not guide staff on where the role of the project executive or the IPC specialist fitted into the organisational structure. Furthermore, the policy was vague on the frequency of when an IPC audit would be conducted and by whom.

Additionally, some supporting standard operating procedures (SOP) required review to ensure they appropriately guided staff. For example, while guidance was provided to staff on steps to take with transmission based precautions, that specific SOP did not guide staff with regard to all applicable PPE usage for contact precautions. This was with regard to wearing a mask and protective eyewear when there was potential for blood or body substances exposure to mucosa (for example, attending to a resident who was coughing or sneezing). In addition, that SOP did not signpost

staff to another document that partially addressed that potential situation. Furthermore, it was not specific as to, what face mask type was appropriate for use with suspected or confirmed COVID-19 cases. While that information was provided in another document by the provider, the transmission based precautions SOP did not signpost staff to the other document. The inspector was not assured that staff would have all the applicable information appropriate to each situation, if they had to go to a number of sources of information in order to ensure they were fully guided.

Furthermore, while the procedure for waste management had been recently revised to more clearly guide staff, it still did not adequately guide staff as to, how to dispose of clinical waste.

The provider had arrangements for an annual review and six-monthly provider-led visits. The findings of the annual review and two most recent provider-led visit reports were reviewed by the inspector. The most recent had occurred in July 2022 and included a review of IPC within the centre. In addition, the project executive completed an IPC-only audit of the centre in January 2022.

The organisation had recently employed a trained IPC specialist to oversee practices in the area. The centre had a full-time person in charge who was the appointed IPC lead in the centre. The person in charge had received additional training to support their performance of this role. They had completed a self-assessment tool against the centre's current infection prevention and control practices. In addition, they had further arrangements in place for IPC oversight in the centre, for example the team leaders in the centre were responsible for weekly local checks.

The centre had a contingency plan which outlined the steps to be taken in the event of a suspected or confirmed outbreak of a notifiable illness. In addition, there were a number of risk assessments conducted with regard to IPC and control measures listed.

The centre had an adequate number of staff in place to meet the needs of the residents and to safely provide care and support. Additionally, there was a staffing contingency plan available if required. There were sufficient staff employed in the centre to ensure the centre could be cleaned and maintained on a daily basis. In addition, a cleaner was employed for three hours daily over five days.

There were monthly team meetings occurring and meetings included discussion regarding COVID-19 and IPC. A staff member spoken with outlined the procedures to follow in the event of an outbreak of an infectious illness in the centre and how to clean a bodily fluid spillage.

Staff had received training to support them in their role, such as donning and doffing PPE, hand hygiene, respiratory hygiene and cough etiquette, and standard and transmission based precautions. In addition, the person in charge had arranged for a cleaning company to attend the centre twice during 2022 to complete cleaning demonstrations and practical housekeeping duty tasks with staff. These sessions included, training on how to use cleaning products and how to disinfect.

The person in charge monitored the training and development needs of staff and ensured that staff attended training and refresher courses as required to maintain the skills and knowledge required to carry out their duties.

## Quality and safety

The provider had measures in place to ensure the wellbeing of residents was promoted and that residents were kept safe from infection. Overall, there was evidence that a good quality and safe service was provided to residents. However, improvements were required to some surfaces, some cleaning and storage of some equipment.

The communication needs and preferences of the residents were detailed in their personal plans. The person in charge knew the residents well, and was knowledgeable about their assessed needs.

The inspector observed that, the staff team maintained good standards of IPC, with adherence to standard precautions in the day to day running of the centre. For example, staff were observed following good hand hygiene practices and using PPE appropriately. Staff spoken with were knowledgeable of the laundry and waste management practices in place in the centre.

There were systems in place to promote and facilitate hand hygiene, disposable towels, warm water and soap for hand washing were available in the centre. In addition, sanitising gel was available in several locations throughout the centre.

The provider had sufficient stocks of PPE and staff members were observed to wear it in line with current public health guidance. In addition, there were weekly PPE stock control counts completed. However, the provider had recently changed their guidance to state that staff were only required to wear face masks when providing personal care to residents. There was no evidence provided on the day of inspection as to the rationale of why this change took place. In addition, there was no risk assessment provided to support this decision to ensure it was the correct course of action.

There was evidence of a system in place where staff were routinely self-monitoring and recording symptoms for themselves and residents which may help to identify early symptoms of infectious illnesses.

The centre had a designated utility room and this was the area that staff completed laundry using a domestic washing machine. There was sufficient space in this area for, the separation of clean and dirty laundry. Staff were knowledgeable regarding temperatures for washing laundry and were aware of how to launder soiled clothing. In addition, the centre had access to water-soluble laundry bags for the laundering of contaminated garments on site if required.



The inspector completed a walk-through of the centre. It was found to be generally visibly clean and tidy with recording of cleaning conducted. The majority of the maintenance issues identified on this inspection had already been highlighted by the person in charge and reported to maintenance. However, at the time of this inspection there was no arranged date for repairs. For example, the hall and utility cabinets were worn in some places with some of the finish peeling; repair of the peeling areas was required to maintain a finish that enabled effective cleaning.

Cleaning of some equipment used to support some residents was required. For example, some residue was found on a fire evacuation sheet and some slings used to support some residents to mobilise.

The inspector found that the cleaning and storage of syringes which were used for the administration of liquid medications or to flush out some equipment required review. For example, some syringes were washed after use, however, two were stored damp. In addition, some unused syringes had passed their expiration date.

From a review of the centre's cleaning checklists, some areas, such as vents and shared garden play equipment were required to be included on the checklists to ensure they were periodically cleaned.

There was a colour-coded system in place for cleaning the centre to minimise cross contamination and guidance was prominently displayed for staff. For example, colour-coded cloths and mop heads were used to clean specific areas.

Learning from outbreaks from other centres and information on IPC was shared at the person in charge monthly management meetings. The person in charge had completed an analysis of learning after the last positive cases of COVID-19 in the centre. This learning was shared and discussed with the staff team.

## Regulation 27: Protection against infection

Overall, the inspector found that the governance and management arrangements facilitated good IPC practices. The provider and person in charge demonstrated a commitment to meeting the national standards.

Some further attention was required to some of the arrangements and facilities to promote higher levels of compliance with Regulation 27 and *the National Standards for Infection Prevention and Control in Community Services (2018)*.

This was observed in the following areas:

- the organisational policy and some of the supporting procedures did not include adequate guidance or elaboration on:
  - PPE for contact precautions
  - healthcare risk waste
  - roles and responsibilities of the IPC specialist and the project executive

- frequency the IPC audits to be completed and by whom
- an organisational chart for escalation of IPC risks
- review was required of the organisation's PPE guidance to ensure it was fully in line with public health guidance. This was with regard to staff members wearing face masks when caring for residents
- improvements were required to ensure all surfaces were clean and conducive to cleaning. Such as some storage presses in the laundry area and hall were chipped and some residue was found on equipment used to support some residents
- some areas, for example, vents and shared garden play equipment were required to be included on the cleaning checklist to ensure they were periodically cleaned.

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 The Meadows OSV-0003399

Inspection ID: MON-0035937

Date of inspection: 13/12/2022

## 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>• Quotes have been received for some repair works identified, quote for replacement doors in on hallway cupboards will be requested and it anticipated works will be completed by 30/06/2023.</li> <li>• Mask wearing for staff will be risk assessed, it will consider the needs of residents, their vulnerabilities or health conditions, the prevalence of illness or circulating viruses at the time in the area, uptake of vaccines by residents and staff and will consider any negative impact staff wearing masks has on residents. Where the risk to individual residents are deemed high staff will wear masks.</li> <li>• Areas including vents and shared garden play have been added to the cleaning checklist to ensure they are periodically cleaned. This was completed by 16/01/2023.</li> <li>• The IPC Project Executive and escalation of IPC risks will be added to the IPC management infographic within the policy and the role and responsibilities of the IPC Project Executive will be added as an appendix to the policy. This will be completed by 14/02/2023.</li> <li>• The SOP which addresses the disposal of healthcare waste has been further updated to guide staff practice. This was completed on 20/01/2023.</li> <li>• The Provider will develop a process for the completion of IPC audits. The process will identify who will complete the audits and the frequency of audits. Once agreed the IPC policy will be updated and the process implemented. This will be completed on the return of the IPC Project Executive from leave by 31/10/2023. In the meantime, IPC will continue to be audited through weekly service level audits, monthly service level audits, six monthly-unannounced audits and annual reviews.</li> </ul>	

The SOP on Transmission based precautions will be updated to provide additional guidance on use of all applicable PPE including masks and eyewear when in close contact to a person who is coughing or sneezing (in addition to other sources of splashing of bodily fluids.) The SOP will also be updated to include a reference for staff to refer to COVID Plan for specific COVID related PPE guidance. This will be completed by 14/02/2023.

## 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	31/10/2023