



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

Issued by the Chief Inspector

| | |
|----------------------------|---|
| Name of designated centre: | Deanery/Dunmurray |
| Name of provider: | KARE, Promoting Inclusion for People with Intellectual Disabilities |
| Address of centre: | Kildare |
| Type of inspection: | Unannounced |
| Date of inspection: | 11 May 2022 |
| Centre ID: | OSV-0003715 |
| Fieldwork ID: | MON-0036302 |

About the designated centre

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

The Deanery/Dunmurray designated centre comprises of three separate houses that can accommodate a maximum of 10 male and or female adults with an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person living in each of the houses. The Deanery is a bungalow situated in a town in Kildare and can accommodate four individuals in separate bedrooms. Dunmurray is a bungalow situated on the outskirts of a town in Kildare which can accommodate four individuals in separate bedrooms. Both homes are located close to local amenities and public transport links. In January 2021, the provider was granted an application to vary its conditions of registration and increase the foot print of the centre to include one further house for two residents. It is proposed that this house would be used as an isolation unit for any resident who required isolation because of COVID-19. This house is located in a separate town but within the same geographical area. The staffing compliment for the centre includes a social care leader, social care workers and care assistants who provide full time residential care to the residents living in the centre.

The following information outlines some additional data on this centre.

| | |
|--|---|
| Number of residents on the date of inspection: | 6 |
|--|---|

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 |
|-----------------------|----------------------|-----------------------|------|
| Wednesday 11 May 2022 | 09:00hrs to 17:00hrs | Maureen Burns Rees | Lead |

What residents told us and what inspectors observed

This inspection was unannounced and completed to inspect the arrangements which the registered provider had put in place in relation to infection prevention and control.

From what the inspector observed, there was evidence that the registered provider had put in place systems and arrangements which were consistent with the National Standards for infection prevention and control in community services. Overall, this promoted the protection of residents who may be at risk of healthcare-associated infections. However, improvements were required in relation to the maintenance of two of the premises.

The centre comprised of three separate houses located within the same geographical area in county Kildare. The houses are located within walking distance of a range of local amenities.

The centre is registered to accommodate up to 10 residents. In January 2021, an application to vary the conditions of registration was granted to increase the foot print of the centre from two to three houses and to increase the bed numbers from 8 to 10. The third house was to be used as an isolation facility for COVID-19 if required but it had not been occupied to date. It was found to be suitably maintained. At the time of inspection there were four residents living in one house, three residents living in the other house with one vacancy and the two beds in the isolation facility remained vacant. Each of the residents had their bedroom which had been personalised to the individual resident's tastes and included a television for personal use. Each of the houses had suitable communal spaces with a sitting room areas and a good sized kitchen come dining room area.

The inspector met with each of the six residents present on the day of inspection. One further resident was an inpatient in hospital at the time of the inspection. The residents met with, appeared in good spirits. Two residents, one in each of the two occupied houses told the inspector that they would rather live in a different setting. The provider was aware of this and alternative accommodation for each of these residents was being sought. Pre COVID-19 each of the residents had been engaged in a formal day service programme. However, with the lifting of restrictions a number of residents had chosen not to return to their day service whilst others had not yet decided. A number of the residents were employed within the local community which they told the inspector they really enjoyed. One of the residents provided the inspector with a guided tour of one of the houses. It was evident that they were very proud of their home and spoke with the inspector about the various pieces of equipment which they had purchased to maintain the gardens which was this residents passion. One of the other residents was observed to water plants with the assistance of staff. The residents in one of the houses had recently planted some trees in their garden in memory of a peer who had passed away.

The inspector did not have an opportunity to meet with the relatives of any of the residents, but it was reported that they were happy with the care and support being provided in the centre. The provider had completed a survey with relatives as part of its annual review of the quality and safety of care and this had indicated that relatives were happy with the level of support that their loved ones were receiving.

Conversations between the inspector with the residents and staff took place with the inspector wearing a medical grade face mask in line with national guidance. The person in charge was on leave on the day of inspection so this unannounced inspection was facilitated by the operations manager and staff working in both houses. The person in charge was spoken with following the inspection over the phone.

There was evidence that the residents and their representatives were consulted and communicated with about infection control decisions in the centre and national guidance regarding COVID-19. Infection control and COVID-19 was regularly discussed at staff and management meetings.

The centre was found to be comfortable and homely. However, maintenance and repairs were required in both of the houses which were occupied by residents. There was worn and chipped paint on a number of walls and woodwork in both of the houses. The surface on kitchen shelves and presses in one of the houses was broken and worn. The grouting behind the sink and cooker appeared worn and stained in areas. A small area of the work top in one of the houses was broken. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

The full complement of staff were in place at the time of inspection. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered in respect of infection prevention and control arrangements.

Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements.

The centre was managed by a suitably qualified and experienced person. The person in charge had a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for each resident in this regard. The person in charge held a degree in applied social studies and a certificate in leadership. She had more than three years management experience.

She was in a full-time position and was not responsible for any other centre. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility for infection prevention and control. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the operations manager who in turn reports to the children and adult supports manager. The person in charge and operations manager held formal meetings on a regular basis.

There was evidence that infection prevention and control had been prioritised by the registered provider. There was an infection prevention and control oversight group which was led by a nurse coordinator and included an operations manager, social care leader, local service leader and member of the quality department. There was monitoring of all infection control incidents by the health and safety representative which included the production of quarterly reports. The provider's quality department undertook audits on a regular basis. The audits completed were found to be comprehensive in nature and there was evidence that actions were taken or planned to address issues identified. Risk assessments for infection control had been completed. COVID - 19 Guidance - 'the new normal' was in place to guide staff practice and was found to be in line with the national guidance. Previous outbreaks of COVID-19 impacting a small number of residents and staff had been well managed within the centre to minimise risk of acquiring or transmitting the infection.

The registered provider had a range of policies, procedures, protocols and guidelines in place which related to infection prevention and control. Additionally, 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(HSE), and the Health Protection and Surveillance Centre (HSPC). The provider's infection prevention and control policy included instruction for staff on what to do in the event of an outbreak and staff roles and responsibilities.

The inspector met with members of the staff team during the course of the inspection. They told the inspector that they felt supported and understood their roles in infection prevention and control. There were systems in place for workforce planning to employ suitable numbers of staff members with the right skills and expertise to meet the centre's infection prevention and control needs. The full complement of staff was in place at the time of inspection. The staff members met with had a fair knowledge of standard and transmission precautions along with the procedures outlined in local guidance documents.

The staff team were found to have completed training in the area of infection prevention and control, including modules on cleaning in a social care setting. Staff members met with told the inspector that the training they had completed had informed their practice and contributed to a greater understanding of infection prevention and control. The inspector found that specialist supports were available

to the staff and management teams from the HSE should it be required and contact information relating to these supports were documented in the centre.

Quality and safety

The residents appeared to receive person-centred care and support whereby the residents were well informed, involved and supported in the prevention and control of healthcare-associated infections.

Residents were provided with appropriate information and were involved in decisions about their care to prevent, control and manage healthcare-associated infections. Some one to one work had been completed with each of the residents to help them to understand why infection prevention and control precautions were being taken. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. Posters promoting hand washing were on display. Infection prevention and control, including updates on the COVID-19 pandemic were discussed at regular intervals at residents' meetings.

Overall, the centre appeared clean. However, as referred to above maintenance and repairs were required in both of the houses which were occupied by residents. This meant that some areas could be more difficult to effectively clean from an infection control perspective. Cleaning in the centre was the responsibility of the staff team. There were detailed checklists in use by the staff team and records were maintained of areas cleaned. The inspectors found that there were adequate resources in place to clean each of the houses. Specific training in relation to COVID-19 and cleaning within the social care setting had been provided for staff. There were arrangements in place for the management of maintenance issues. Staff members reported that overall maintenance issues were promptly resolved in the centre.

There were arrangements in place for the laundry of residents' clothing and centre linen in each of the houses. There were suitable domestic, recycling and compostable waste collection arrangements in place. There was no clinical waste in use. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider.

There were procedures in place for the prevention and control of infection. Temperature checks for staff and residents were undertaken at regular intervals. The provider's infection prevention and control policy contained specific information about the roles and responsibilities of various individuals within the organisation and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. There was evidence that learning as a consequence of any outbreak of COVID-19 had been identified and shared within the broader service. The provider had completed risk assessments.

The inspector found that there was sufficient information in the centre to encourage

and support good hand hygiene practices. Sufficient facilities for hand hygiene were observed. Staff were observed to appropriately clean their hands at regular intervals, and they were wearing medical grade face masks in accordance with current public health guidance. All visitors were required to sign in, complete checks and provide information to facilitate contact tracing.

Regulation 27: Protection against infection

The inspector found that the registered provider had developed and implemented effective systems and processes for the oversight and review of infection prevention and control practices in this centre. Overall, practices were consistent with the national standards for infection prevention and control in community services. The centre was found to be comfortable and homely. However, maintenance and repairs were required in both of the houses which were occupied by residents. There was worn and chipped paint on a number of walls and woodwork in both of the houses. The surface on kitchen shelves and presses in one of the houses was broken and worn. The grouting behind the sink and cooker appeared worn and stained in areas. A small area of the work top in one of the houses was broken. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

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 Deanery/Dunmurray OSV-0003715

Inspection ID: MON-0036302

Date of inspection: 11/05/2022

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>Painting has been scheduled for one location for the week of 20th to 22nd of July 2022 to paint 4 bedroom areas including ceilings and woodwork.</p> <p>Contractor has been booked for the other location to paint identified areas, main hallway, sitting room, kitchen and utility room including woodwork and ceilings prior to end of August 2022.</p> <p>The kitchen in one area will be updated and repaired addressing identified issues by end of August 2022.</p> <p>External of the premises painted 20th June 2022.</p> | |

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 | 31/08/2022 |