



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

Issued by the Chief Inspector

Name of designated centre:	Maria Goretti Respite
Name of provider:	The Rehab Group
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	02 June 2022
Centre ID:	OSV-0003717
Fieldwork ID:	MON-0036949

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 a village in County Louth. It is operated by Rehab Care and provides respite services on a six night a week basis to children (male and female) with a disability between the ages of six to 18 years of age. The centre has capacity to accommodate up to six children at a time in the house. The centre currently provides respite care to a total of 70 children but has the capacity to care for up to 85 depending on the care needs of the children attending. The centre is a detached purpose built single story building which consists of a kitchen, dining room, living room, play room, sensory room, a utility room, a number of shared bathrooms, six individual bedrooms, a staff sleep over room and office. There is a large well maintained enclosed garden to the rear of the centre containing suitable play equipment such as swings, trampolines and green house. The centre is staffed by a person in charge and a team of care workers. In the local community there is access to a number of amenities including a playground, leisure facilities 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
Thursday 2 June 2022	10:10hrs to 17:35hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to inspect the arrangements which the registered provider had put in place in relation to infection prevention and control (IPC) under the National Standards for Infection prevention and control in community services (2018) (the standards) and to monitor compliance with the associated regulation.

The centre was made up of one large property. The inspector met and spoke with the person in charge and some staff who were on duty throughout the course of the inspection. The inspector also had the opportunity to meet with four of the residents who were attending the centre for respite after they arrived in from school. The inspector also observed residents in the centre as they went about their evening, including care and support interactions between staff and residents.

The inspector was greeted by a staff member at the door, requested to sign the visitor book and complete a temperature check. There was antibacterial gel and facemasks at the entrance to the centre.

Throughout the inspection, the inspector observed the person in charge and staff adhere to public health guidelines. For example, they regularly practiced hand hygiene and wore personal protective equipment (PPE) in the form of a surgical mask.

The inspector completed a walk-through of the centre. Each resident had their own bedroom for their respite stay with adequate storage for their belongings and all bedrooms were en-suite. While the centre was observed to be visibly clean in the majority of areas and well-maintained, the inspector did identify some areas for improvement that required more thorough cleaning. These issues will be discussed in the next sections of this report.

Staff members employed in the centre along with a contract cleaner were responsible for the cleaning and upkeep of the premises on a day-to-day basis. This was with regard to both the routine and enhanced cleaning tasks that were implemented at the start of the COVID-19 pandemic.

The centre had vehicles which were used by residents to attend activities and school and there was a cleaning protocol in place for the vehicles.

The inspector found that there were arrangements in place for hand hygiene to be carried out effectively, such as soap, disposable hand towels, and hand-sanitising points located throughout the premises which were in good working order. However, some improvement was required as some of the centre's stock of antibacterial gel was expired and warm water was required for effective hand washing.

The respite centre had not closed during the COVID-19 pandemic. Residents were supported during this time with alternative activities when restrictions were in place. For example, residents visited beaches, parks, mountains and went on ferry rides. The centre had a large purpose built playground in the back garden with lots of equipment for residents to use. Once restrictions were no longer in place the centre supported residents to return to other activities within the community.

Residents' rights were promoted through a range of easy-to-read posters and information, supplied to residents in a suitable format. For example, easy-to-read versions of how to wash your hands were in all bathrooms. Staff were completing step-by-step practical training with residents to help them wash their hands properly. One resident spoken with said staff helped them understand about COVID-19 and encouraged them to use antibacterial gel when they entered the centre.

Overall, the inspector found that the provider had put a number of appropriate measures in place with regard to infection prevention and control in order to protect the safety and welfare of the residents and staff. Some improvements were identified on this inspection with regard to cleaning, provision of additional guidances were required, hand hygiene arrangements, quality and safety reviews, and contingency plans in the management of COVID-19 and other IPC outbreaks.

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

The provider had arrangements and systems in place that generally were consistent with national guidance and the standards. The inspector found the governance and management arrangements were effective in assessing, monitoring and responding to infection control risks.

There were clear lines of accountability, responsibility and reporting structures in relation to governance and management arrangements for IPC in the centre. The person in charge had overall accountability and responsibility and they were the designated COVID-19 lead in the centre. The person in charge was supported in their role by four team leaders who assumed the COVID-19 lead role in the absence of the person in charge.

There were a range of policies, protocols and standard operating procedures (SOP's) in place at an organisational level to guide on best practice in relation to IPC. SOP's, of which 16 in total, covered topics, such as the management of spills and safe handling and disposal of sharps. The policy required review to include an organisational structure for escalation of IPC risks and to guide frequency of IPC

audits to be completed.

The provider had a national COVID-19 lead and a COVID-19 case management team in place, which included senior managers and the chief risk officer of quality and governance directive. The provider was still in the process of recruiting an IPC specialist. The person in charge and the four team leaders had completed online COVID-19 lead training in order to perform their lead responsibilities and guide staff appropriately.

The team leaders completed weekly IPC audits which included observations of staff use of PPE. In 2022 the provider had commenced IPC only audits throughout the service and one had been conducted in the centre in February 2022.

The provider had arrangements for an annual review and six-monthly provider-led visits in order to meet the requirements of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The findings of the two most recent provider-led visit reports were reviewed by the inspector, the most recent had occurred in May 2022. However, the visit in November 2021 was not completed fully in line with the regulations as it was neither on-site or unannounced. This would have impacted the auditor's ability to review the centre appropriately, and in particular, this could mean that the audits may not pick up on issues or IPC risks on-site within the centre. The inspector notes that the practice of off-site audits had been introduced due to visitation and travel restrictions that had previously been in place due to the COVID-19 pandemic. At the time the November 2021 six-monthly audit was completed these restrictions were not in place. These six-monthly audits were more focused on COVID-19 and would benefit from the inclusion of a review of wider infection prevention and control risks.

The person in charge had recently reviewed an IPC self-assessment tool they used to assess the centre's current practices. This was used to ensure the centre had appropriate measures in place. However, it required additional review to ensure accuracy of all provided information, as some information was found to be outdated.

The provider had ensured that there was adequate consistent staffing in place at all times in the centre to meet the assessed needs of the residents and there were staffing contingency plans available in case they were required. There were sufficient staff employed in the centre to ensure the centre could be cleaned and maintained on a daily basis. Monthly team meetings occurred in this centre with evidence that IPC was discussed at meetings and within staff supervision.

The person in charge had arrangements in place to ensure all staff had necessary training in relation to COVID-19 and IPC, and refresher training was scheduled on a regular basis. Staff were provided with appropriate training which included hand hygiene, donning and doffing PPE, respiratory hygiene and cough etiquette. Competency assessments had been completed with staff in relation to hand hygiene.

Quality and safety

The centre provided services that were person-centred in nature. However, some improvement was required with regard to the centre's cleaning, cleaning schedules, contingency outbreak and isolation plans.

There were arrangements in place to promote and facilitate hand hygiene, such as antibacterial gel available in several locations in the centre. However, some of the antibacterial gel provided was passed its expiration date and there was no warm water for hand washing. The person in charge escalated this to the maintenance department on the day of the inspection.

The provider had a sufficient stock of PPE and staff were observed to wear it in line with national guidance. Additionally, staff were able to talk the inspector through when enhanced PPE would be required and how to safely doff it when it was no longer required.

The inspector found evidence that staff were routinely self-monitoring and recording for temperatures which may indicate a risk of infection; this process was also completed for the residents that attended the centre for respite.

The person in charge had recently arranged for an external cleaning company to attend the centre and complete cleaning demonstrations along with practical housekeeping duty assessments with staff and the centre's dedicated cleaner. This session included training on how to use cleaning products and disinfectants.

During a walk around of the centre the inspector found that overall the centre was generally clean with some exceptions in specific areas such as some bed rail covers, some postural care mats, a sensory storage trolley and some sensory lights which were found to be dirty or dusty. In addition, while some appliances were on the centre's cleaning checklist they were found not to be clean, such as the air fryer, a plug in grill and the oven.

Some items required to be included in the centre's cleaning checklist such as resident's equipment used to support them. In addition, guidance was required to ensure staff were guided as to how the items were to be cleaned and the frequency of the cleaning along with guidance on how to launder soft toys used in the centre.

Most surfaces in the house were conducive to cleaning however, there was a build up of limescale in some areas, such as on shower heads and around the base of some taps which would make effective cleaning difficult.

There were arrangements in place to manage general and clinical waste in the centre. The centre had a clinical waste bin and in the event that the centre had clinical waste, there was guidance in place. Both the person in charge and a staff member spoke of the arrangements in place to deal with clinical waste as per the

guidance. Guidance was required to ensure staff were guided appropriately on how to dispose of intimate care items.

While residents' clothes were primarily laundered in their own homes, residents had access to the centre's domestic washing machine if required. All other laundry was washed on-site using the centre's own washing machine. The centre had access to water-soluble laundry bags for the laundering of contaminated garments if required. Staff spoken with were clear on procedures to follow when managing residents' clothes and linens, including managing items which may carry an infection risk.

There was a color-coded system in place for cleaning the centre, to minimise cross contamination. Staff members spoken with were familiar with the process for laundering dirty mop heads and cloths along with the storage of clean ones. Additionally, the centre had an on-site spills kit for cleaning spillages including bodily fluids if required.

The residents were provided with opportunities for safe exercise and recreation throughout the COVID-19 pandemic. For example, during the lockdown restrictions residents participated in lots of in-house and outdoor activities. For example, residents went drives, went swimming in the sea whereby the centre provided wetsuits, went for takeaway ice-cream, and food.

Where required the provider had IPC risk assessments in place for the centre and for individuals. In addition, there were care plans in place to support residents which were regularly reviewed.

Although the provider had developed outbreak management and contingency plans in response to an outbreak of infection in this centre, the inspector identified that these plans required further review. This was necessary so as to provide better clarity and ensure they adequately guided staff, on the specific arrangements and measures to be implemented in cases of suspected or confirmed COVID-19 or other infectious diseases. For example, there was no guidance in place on how to support a resident if they could not be discharged from the service when confirmed positive for COVID-19. The plans did not guide staff to entry and exit points. In addition, a staff member spoken with gave a different explanation as to where PPE would be doffed in the event of a positive case. The explanation given was one based on potential risk analysis of a specific scenario. The scenario would be child specific however, the guidance had not taken that into account.

The inspector found evidence that the learning from outbreaks and IPC risks were discussed and recorded at monthly person in charge meetings.

Regulation 27: Protection against infection

While the provider had met a number of the requirements of Regulation 27 and the

National Standards for Infection prevention and control in community services (2018); some improvements were required in order to ensure full compliance.

Areas requiring improvement in order to comply with the standards include;

- some antibacterial gel was passed its expiration date and warm water was required for effective hand washing
- while the house was generally clean and tidy some areas required a more thorough or deep clean
- guidance was required for staff regarding cleaning of washing machine laundering of soft toys used in the centre, disposal of intimate care items, cleaning of resident's equipment, and frequency of when they required to be cleaned
- addition to the centre's cleaning checklist was required for some areas, such as cleaning the washing machine, and equipment used to support residents to ensure they were periodically cleaned
- the organisation's IPC policy would benefit from a review to include an organisational structure for escalation of IPC risks and to guide the frequency of IPC audits to be completed
- monitoring by the provider of infection prevention and control practices in the designated centre in the form of six-monthly visits were required to be completed on-site and monitoring would benefit from including the wider aspects of IPC and not just focused on COVID-19
- further review of the centre's outbreak contingency and isolation plans was required to ensure staff were adequately guided in cases of suspected or confirmed COVID-19 or other infectious diseases
- review of the IPC self-assessment tool was required to ensure the information contained was accurate.

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 Maria Goretti Respite OSV-0003717

Inspection ID: MON-0036949

Date of inspection: 02/06/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>1. Some antibacterial gel had passed its expiration date/ and warm water was required for effective hand washing.</p> <p>Antibacterial gels that had passed expiration date has been disposed of.</p> <p>The 1 sink that did not have warm water while audit was completed is now fixed.</p> <p>Completed on 02/06/2022</p> <p>2. While the house was generally clean and tidy some areas required a more thorough or deep clean</p> <p>Deep clean completed of kitchen appliances, acheeva chair and sensory trolley. Staff and contract cleaner reminded to complete cleaning of same after every use.</p> <p>Completed on 04/06/2022</p> <p>3. Guidance was required for staff regarding cleaning of washing machine laundering of soft toys used in the centre, disposal of intimate care items, cleaning of resident's equipment, and frequency of when they required to be cleaned</p> <p>Cleaning of Washing machine guidance completed and on view in Laundry room. Also Added to cleaning schedule.</p> <p>Laundering of soft toys added to cleaning record. Also info on how to wash soft toys added to the weekly IPC audit.</p>	

Updated IPC risk assessment to include cleaning of residents items on arrival to service & if became visibly dirty or suspected or confirmed case. Also included on risk assessment belonging to that child. Cleaning schedule in place for same where appropriate/necessary.

Completed on 04/06/2022

4. Addition to the centre's cleaning checklist was required for some areas, such as cleaning the washing machine, and equipment used to support residents to ensure they were periodically cleaned

Cleaning records on laundry room amended to include washing machine-frequency & guidance for same.

Completed on 04/06/2022

5. The organisations IPC policy would benefit from a review to include an organisational structure for escalation of IPC risks & to guide the frequency of IPC audits to be completed

The organisation IPC policy is currently under review. Policy reviewer has been made aware of these additions that are required in policy.

Policy review to be completed by 31/8/22

6. Monitoring by the provider of infection prevention and control practices in designated centre in form of 6 monthly visits were required to be completed on site and monitoring would benefit from including the wider aspects of IPC & not just focused on Covid19

The organisations 6 monthly monitoring is completed on-site at this time subject to government direction.

The inspector's recommendations re unannounced monitoring visits have been forwarded to the national coordinator of the monitoring visits. These recommendations will be taken on board.

7. Further review of the centre's outbreak contingency and isolation plans was required to ensure staff were adequately guided in cases of suspected or confirmed COVID-19 or other infectious diseases

Updated local IPC response plan & risk assessment on the procedure to follow, if a child showing symptoms is not able to be discharged.

Completed 23/06/2022

8. Review the IPC self-assessment tool to ensure all information is accurate

IPC self-assessment tool has been reviewed and is now accurate

Completed 4/6/22

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