Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 11
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	12 April 2022
Centre ID:	OSV-0004082
Fieldwork ID:	MON-0036071

About the designated centre

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

Community Living Area 11 consists of two houses located near a town in Co. Kildare. The houses are located in two separate locations within three kilometres of each other. Both homes are bungalows with five bedrooms. Facilities include single bedrooms, accessible bathroom facilities, sitting room, kitchen and utility room. There is a car available at each location. Each home can facilitate four individuals over the age of 18 years. Each individual has varying support requirements in relation to their abilities and individual needs that are identified in the care plan. The aim of Community Living Area 11 is to provide a safe and secure home for each individual. Individuals are supported by both social care staff and care assistants. Staffing requirements, both day and night, are determined by the needs of the individuals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

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 12 April 2022	10:30hrs to 16:15hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place concerning infection prevention and control measures and to monitor compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). The inspector found that both the provider and the person in charge had put a number of measures in place to protect residents from health care acquired infections.

The centre comprises two houses which are a short distance from each other and there are seven residents living in the centre. The inspector met with four residents over the course of the inspection. One of the residents was unavailable to speak with while others were at their day service. Many of the residents had complex communication support needs and used a variety of means of communication such as speech, body language, facial expressions and vocalisations. It was evident that staff knew residents well and were able to interpret their unique communication signals to meaningfully engage with them. Interactions which the inspector witnessed were friendly, respectful and kind.

The first house is a five bedroom bungalow which is located near a small town. The premises was found to be in a good state of repair internally and externally. It was clean, bright, homely and accessible for the residents living in it. Each resident had their own room and had ample space to store their belongings. One of the residents had an en suite bathroom. The other three residents had access to two accessible bathrooms which were found to be in good condition. Some of the furnishing in the sitting room area had been recently replaced to allow for effective cleaning and disinfection. The house had appropriate measures for visitors at the entrance (for example a hand sanitising station, a visitors book and a thermometer). There was a large sitting room, a kitchen , dining area, a utility room and a quiet room. The quiet room had been designed to support one resident have space to themselves to listen to music or relax. Due to a shortage of storage space, new mop buckets were being stored in the room until a shed was sourced.

On arrival to the first house, the inspector met with a resident who was seated in the kitchen with staff. They showed the inspector a card which they had received from a relative. They were asking staff to rub their back and appeared content when the staff did so. They appeared comfortable and well presented. The inspector met with two of the other residents later in the day. They greeted the inspector and went to have a cup of tea with staff. They both appeared happy and content. Staff were noted to prompt residents to wash their hands and to support them to wear masks when out in public.

The second house was large five bedroom bungalow in the countryside. There was a sitting room and five bedrooms with one en suite bathroom. There was a large accessible bathroom and another small bathroom. The kitchen was spacious and

bright and had a large conservatory area to the side of it. The house was in a good state of repair throughout and was clean and homely. Residents in the centre had complex health care needs and required use of equipment such as hoists and wheelchairs. The inspector spoke with a resident who had recently moved into the centre. The resident told the staff that the staff were "always cleaning" and how they wear a mask when they are out. They reported that staff have highlighted the issue of accessibility of hand sanitisers in local shops for residents who are wheelchair users. The resident told the inspector that they were very content in their new home and that they had "more choice than ever before". The resident spoke about the impact COVID-19 had on them and reported they were happy to be able to socialise again. There was a vacant room in the house on the day of the inspection. The resident told the inspector that a friend with whom they used to live was able to come and sleepover at Christmas and they were planning another night at Easter. Residents in both houses in the centre were supported to receive visitors and staff supported residents to maintain contact with friends and family.

There was evidence that the person in charge and the staff were supporting residents to understand and follow public health guidance in relation to COVID-19. Residents had completed hand hygiene courses with staff and signage was available in each centre to support and prompt residents to wash their hands. Minutes from residents meetings indicated that the residents were supported to receive information about infection prevention and control, hand hygiene, wearing masks, COVID-19 and more recently about antimicrobial stewardship and other health care acquired infections. Use of video clips in addition to easy to read information had been used in these meetings.

Care plans indicated that residents had had one-to-one discussions with staff and the person in charge about COVID-19. Residents' wishes and preferences in relation to isolation if it were to be required were documented. Residents had individual conversations with staff on the infection prevention and control measures required in their home. These conversations were used to update care plans and risk assessments in other related areas (for example, personal care) where this was required. Consent had been sought for vaccinations and documented.

In summary, from what residents told the inspector, what the inspector observed, discussions with staff and a review of documentation, it was evident that both houses in the centre were providing a person-centred service and that residents had a good quality of life. Residents were consulted with, given information and educated about infection prevention and control measures and their homes were found to be clean, homely, warm and decorated in line with residents' interests. The next two sections of the report will present the findings of the inspection in relation to the governance and management arrangements and how these 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 was committed to ensuring that residents were protected from infection and supported to remain well. There were clear governance and management structures and systems in place to monitor, oversee and implement good infection prevention and control (IPC) practices within the centre. The provider had established an IPC Committee and a Crisis Management Team who met on a regular basis and had recently improved oversight of antimicrobial stewardship with new arrangements in place. The annual review for 2021 had included learning and identifying actions in relation to COVID-19. There were emergency governance arrangements in place to ensure staff had access to management out of hours. The provider had access to expert IPC advice through public health and were in the process of recruiting a clinical nurse specialist in IPC. At management level, there was an IPC management meeting which took place regularly and included persons in charge, two clinical nurse managers, a clinical nurse specialist and the area director. It was evident that the management team were reviewing inspection findings from IPC inspections, sharing and applying learning to centres in the region.

The provider had a number of policies and procedures in place such as a policy on infection prevention and control. There was clear guidance for staff on the safe management of blood and body fluid spillages, waste, cleaning and disinfection. The person in charge had a number of systems in place to ensure that all staff were aware of their roles and responsibilities in the prevention and control of infection and antimicrobial stewardship within the centre. For example, there were comprehensive task lists for staff to complete on each shift which included cleaning schedules and a stock take of personal protective equipment (PPE). There was a system for sharing new information with staff on a notice board and staff were required to sign their name once they had read it. Rosters had identified shift leads and identified 'covid support staff'. The person in charge did a practical hand hygiene session with staff every six months. A folder was available to staff which contained up to date information on a range of areas related to COVID-19 which included the management of suspected or positive cases of COVID-19 and guidelines on visitation.

There were a number of audits and checklists in place to monitor and improve IPC practices. The person in charge carried out a monthly IPC audit which included checking staff knowledge and practices around IPC. Weekly walkabouts enabled the person in charge or the shift leaders to identify any possible issues with the premises which required attention. The person in charge kept an action log for audits which was displayed in the staff office and reviewed at team meetings. COVID-19 and IPC was a standing agenda item for staff meetings and for individual supervision sessions. Notes from supervision meetings included a reflection on each staff members' knowledge, responsibilities and support needs relating to IPC.

The risk register had a number of risk assessments relating to infection prevention and control. These included linen, cleaning and disinfection, visitors and personal and protective equipment. These were under review by the senior management team on the day of the inspection to ensure they remained in line with current public health guidance. Where any adverse event occured , there was a system in

place to ensure that learning was shared across centres via staff meetings and/ or memos.The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support residents and staff to manage the service in the event of an outbreak of COVID-19. This was reviewed every three months and a quality improvement plan was devised where required.

Both houses in the centre were resourced with a sufficient number of staff who had the required skills to provide care and support to residents, including protection against infection. Staff had completed training in a number of areas relating to IPC such as hand hygiene, donning and doffing of personal protective equipment (PPE), the basics of infection prevention and control and training on the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). Staff who the inspector spoke with were knowledgeable about transmission based precautions and standard based precautions, antimicrobial stewardship and were clearly able to identify how they managed laundry and waste in addition to cleaning and disinfection. The centre had two support IPC staff in each house who were IPC champions and had additional responsibilities in their roles. All staff had access to occupational health where required.

Quality and safety

It was evident throughout the inspection that infection prevention and control was part of the routine delivery of care and support to residents in the centre. On arrival, staff were noted to be wearing appropriate PPE in line with public health guidance. The provider had a system for discussion and sharing of information in relation to infection status on admission, discharge and transfer to hospital. An example of this was noted by the inspector on the day of the inspection, with staff using transmission based precautions for a resident who had recently returned from hospital with a suspected health care acquired infection. Staff were knowledgeable on the difference between transmission based precautions and standard based precautions and implemented these appropriately in line with residents' assessed needs. Staff had access to personal protective equipment (PPE) and this stock was regularly checked to ensure that a supply was available at all times to staff. Spill kits were available to use in the event of a spillage of blood, urine or blood and staff were able to describe where to find them in the centre and how they would be used.

Residents' right to access information about IPC and antimicrobial stewardship and their right to making choices was respected and upheld. The person in charge had provided staff with information on hand hygiene, MRSA, COVID-19 and on antibiotics which was easy to read or in a video format. IPC was a standing agenda on residents' weekly meetings. Residents had been supported to perform effective hand hygiene and were also supported to follow public health guidance when out in the community (for example mask wearing). One - to-one discussions were held

with each resident about their preferences and support needs in relation to IPC and these were documented and risk assessments carried out where they were required. Residents' personal care plans were respectful of each residents' right to privacy and dignity. There were specific IPC risk assessments in place for residents who had high support needs and therefore required high contact care.

There were systems in place to manage laundry appropriately. Each resident had colour coded towels and a separate basket for their laundry. On the day of the inspection, there was no laundry stored in either of the utility areas. Staff had access to alginate bags if required but more importantly, were able to tell the inspector about how they managed soiled or contaminated laundry to minimise the risk of transmission of infections. Waste was managed by an external contractor and collected on a weekly basis. Staff were able to tell the inspector about what precautions would be required if there was a risk of infection transmission and how they disposed of sharps.

Both of the houses were found to be clean and in a good state of repair internally and externally. The provider had recently introduced a new online system of logging and tracking maintenance requests which enabled the person in charge to have better oversight of issues reported and the status of these actions. An external company carried out a deep clean of the centre on a quarterly basis.There was a comprehensive cleaning schedule in place with daily, weekly and monthly tasks to be carried out. The person in charge had recently revised a cleaning inventory for equipment in each house. This A to Z gave staff a list of all the equipment in use, the frequency which it needed to be cleaned and instructions on how to clean it. The inventory was adapted to the specific equipment used in each house. Staff in the centre were involved in the development of this inventory and it was used in other designated centres in the region. Touch points were cleaned by staff four times daily. Shared equipment such as hoists and commodes were cleaned after each use.

Cleaning was checked each week by the person in charge. The provider had a colour coding system in place for equipment such as cloths, mops and buckets. This helped staff to clearly identify what equipment should be used when completing tasks in different areas. This supported staff to minimise the risk of transmission of any potential infections and staff were able to speak with the inspector about what would be used in each area of the centre. These pieces of equipment were cleaned and disinfected after each use.

Regulation 27: Protection against infection

The provider had put a number of effective systems and processes in place in relation to infection prevention and control in this centre which were consistent with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). There were strong governance and management arrangements to oversee and monitor IPC practices in the centre and to share and apply learning at

an organisational level. It was evident that there was a strong commitment by the provider and by the person in charge to ongoing quality improvement which was informed by audits, policies and public health guidance. Staff were trained appropriately and found to be knowledgeable on various aspects of IPC. They were observed to follow good IPC practices such as wearing of FFP2 masks, performing hand hygiene and cleaning equipment and the environment thoroughly in line with the cleaning schedule provided to them. Residents were informed and consulted with about IPC and antimicrobial stewardship. All of these measures ensured that residents were being kept safe from the risk of infection in their home.
Judgment: 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	Compliant