



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

Issued by the Chief Inspector

Name of designated centre:	Monaghan Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	14 June 2022
Centre ID:	OSV-0005310
Fieldwork ID:	MON-0035938

About the designated centre

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

The centre comprises a large two-story detached house with five bedrooms, located close to the amenities of the local town. It provides residential care for four adults with low support needs, and there are no gender restrictions. Each resident has their own bedroom, and there are various communal areas, including a functional outside area with a seating area for the residents. The centre is staffed by support workers from early afternoon, with staff sleeping over and providing morning supports. There is support for full days over the weekends. Residents have access to a number of local amenities, such as shops, social clubs, and restaurants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 14 June 2022	11:10hrs to 17:40hrs	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 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, there were some good IPC practices and arrangements in place. However, some improvements were required in relation to staff training, cleaning, storage, risk assessments, outbreak management plans and IPC oversight arrangements. These identified issues will be discussed further in the report.

The centre was made of up one large house. The inspector met and spoke with the person in charge and a staff member who was on duty throughout the course of the inspection. In addition, the inspector had the opportunity to meet and speak with all four of the residents who lived in the centre. The inspector also observed residents in their homes as they went about their day, including care and support interactions between staff and residents.

On arrival at the centre, the person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. There was a dedicated IPC station in the hallway. The process included temperature checks, completing a visitor sign in book, hand hygiene in the form of hand sanitiser, and clean face masks available for use.

The inspector observed the person in charge and the staff member on duty to appropriately use personal protective equipment (PPE), in line with national guidance throughout the course of the inspection.

The inspector completed a walk-around of the premises. Each resident had their own bedroom with adequate storage facilities. Each bedroom had an en-suite bathroom facility. There was an additional downstairs water closet facility to cater for staff and visitors. While the house appeared to be visibly clean and well-maintained in most areas, some premises risks were identified during the walk-around and some areas required a more thorough clean. These will be discussed further in the course of this report.

Staff employed in the house were responsible for the cleaning and upkeep of the premises on a day-to-day basis and with regard to the enhanced cleaning tasks that were implemented at the start of the COVID-19 pandemic. Residents also participated in the routine cleaning of their home.

The inspector found that there were arrangements in place for hand hygiene to be carried out effectively, such as warm water, soap and disposable hand towels. There were a number of hand-sanitising points located throughout each of houses and all

were in good working order.

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 during the COVID-19 pandemic to undertake safe leisure and recreational activities of interest to them, such as walks and outdoor dining. Since government restrictions were lifted residents had re-engaged in other activities. For example, on the day of inspection residents attended external day service programmes.

Residents' rights were seen to be promoted with a range of easy-to-read documents, posters and information supplied to them in a suitable format regarding COVID-19 and IPC information such as, hand washing techniques social distancing. Where appropriate residents were supported to receive the COVID-19 vaccine by way of a de-sensitisation programme.

There were monthly resident meetings with discussions and social skills lessons around hand sanitising and using public transport during the COVID-19 pandemic. Residents spoken with were able to talk the inspector through how to wash their hands properly and the importance of keeping your hands clean. They said they felt very supported by staff throughout the pandemic and could speak to staff if they ever felt unsure about anything.

Since the introduction of public health guidelines in relation to COVID-19, the measures that the provider had put in place had proved effective in ensuring the residents living in this centre was kept safe from the risk of COVID-19 infection. There were no outbreaks of COVID-19 in this centre since the pandemic started.

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 inspector found the governance and management arrangements were for the most part effective in assessing, monitoring and responding to infection control risks. Some improvement was required in staff training and to ensure that there were adequate arrangements in place to oversee infection prevention and control practices in the centre.

There were a range of policies, protocols and standard operating procedures (SOP's) in place at an organisational level to guide staff on best practice in relation to IPC. There were 16 SOP's in total covering topics like, the management of an outbreak of

gastroenteritis, and the safe handling and disposal of sharps.

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 February 2022. However, both visits were not completed fully in line with the regulations as they were 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. 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 was the IPC lead for the centre and they had completed a self-assessment tool against the centre's current infection prevention and control practices. However, the tool had not been reviewed every 12 weeks as per recommendations.

The case management COVID-19 team had recently been disbanded. Reporting structures had returned to the normal chain of the management structure for escalation of IPC risks for the centre. The person in charge explained that risks would be reported to the integrated services manager and then the regional operations officer. However, the COVID-19 response plans for the centre still contained the old reporting structure for suspected or confirmed cases, that included the case management COVID-19 team.

The provider was in the early stages of the recruitment process, to recruit an IPC specialist for the wider organisation, in order oversee IPC audit systems in the centre. In the absence of this specialist, the centre did not have any other procedures in place to oversee IPC other than local COVID-19 checks completed by the centre staff. The organisation had commenced IPC only audits conducted by an internal auditor throughout the organisation, however by the time of this inspection the centre had not received this audit by an appropriately trained person, to ensure any risks were picked up in a timely manner. For example, a periodic review of systems and facilities would have picked up the IPC risks identified by the inspector in this centre, such as some mould and mildew not identified by the provider.

Staff had received training in IPC to support them in their role such as, donning and doffing PPE, hand hygiene, antimicrobial resistance, and how to complete antigen testing. It was evident that this training had contributed to an understanding of COVID-19 and transmission. However, hand hygiene training had been provided online with no assessment of visual competency. In addition, the training that the IPC lead for the centre had received in order to support them in their role had expired and this was not identified by the provider.

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.

There were monthly team meetings occurring and meetings included discussion regarding COVID-19 and IPC. The staff member on duty communicated to the inspector the procedures to follow in the event of an outbreak of COVID-19.

Quality and safety

There were some good practices observed in relation to the delivery of person centred care and in some of the local implementation of infection prevention and control procedures. However, improvement was required to ensure the cleanliness of the physical environment in order to minimise the risk of acquiring a health care-associated infection. In addition, improvement was required to outbreak plans, risk assessments and storage.

There were systems in place to promote and facilitate hand hygiene, such as there was warm water for hand washing, disposable towels available for use and antibacterial gel available in several locations in the centre.

The provider had sufficient stock of PPE and staff members were observed to wear it in line with their training and best practice.

The inspector found evidence that staff were routinely self-monitoring and recording for symptoms and temperatures which may help to identify early symptoms of infectious illnesses. There were procedures in place for staff to record their own and residents' temperatures twice a day. There were also procedures for recording visitors' temperatures.

Laundry was completed on-site using a domestic washing machine and the centre had water-soluble laundry bags for the laundering of contaminated garments on site if required. However, the cleaning of the washing machine and guidance to direct staff on how to complete this was required. The centre had separate laundry baskets for clean and dirty laundry for each resident. However, laundry baskets required to be added to the centre's cleaning duties as some were found to be dirty.

The inspector completed a walk-through of the centre. It was found to be generally clean and tidy with clear recording of cleaning conducted. However, some areas of the centre required improvement to ensure a safe environment. For example, some mould was found around a resident's bedroom window and in the visitors' room, and there was slight mildew observed around two resident's en-suite windows. The mould in visitors' room was identified by the person in charge and was subject to regular cleaning. There were plans in place to mitigate the potential cause of the mould, however works had yet to commence and there was no date set. In addition, the inspector observed a leak mark was identified on the bedroom ceiling in one resident's bedroom that needed to be addressed.

Some areas required a more thorough cleaning, such as some floors required to be vacuumed and the draining board at the kitchen sink was found to be dirty.

The inspector found that some areas in the houses were not conducive to cleaning. For example, there was limescale build up around the base of some taps and in the kitchen kettle which would prevent thorough cleaning of those areas.

Some facilities required to be replaced or repaired in order to ensure effective cleaning of surfaces. For example, the paint was chipped in some areas, such as on the sitting room wall and door, and the dining room sofa had areas where the surface was peeling.

There were arrangements in place to manage general waste. For example, there were foot-pedal-operated bins in each room as required. The person in charge and a staff member spoke of the arrangements in place with regard to waste management and removal of clinical waste if required, however guidance did not direct staff as to the arrangements for clinical waste collection. In addition, the staff member and the person in charge were unsure as to who was responsible for this collection.

There was a colour-coded system in place for cleaning the centre, to minimise cross contamination and guidance was prominently displayed for staff. Improvements were required to the storage of mops and buckets in the centre as some buckets had stagnant water in them and some mop heads used for cleaning the living areas were stored in the bucket used to clean bathrooms.

There were centre specific and individual IPC risk assessments in place. However, some of the risk assessments required review as they contained outdated information. For example, a risk assessment stated that resident was required to wear gloves when using an bank machine when that was no longer the case.

Learning from outbreaks from other centres was shared at management meetings. There were outbreak plans and isolation plans in place regarding COVID-19 for the centre. These required review to ensure staff were guided as to entry and exit points to use during an outbreak and that all information was up-to-date, such as the reporting structure. Isolation plans required review to ensure staff were adequately guided as to supports residents would need if they were to isolate.

Regulation 27: Protection against infection

While there were some arrangements in place to manage infection control risks and some good practices identified, improvement was required in a number of areas where adherence to national guidance and standards required improvement.

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

- improvements were required to staff training as the IPC lead training was due to be renewed and there were no hand hygiene competency assessments completed in the centre
- at the time of the inspection there were no IPC audits other than weekly COVID-19 checks, in order to identify risks and deal with them in a timely manner
- 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 unannounced, on-site and to include the wider aspects of IPC and not just focused on COVID-19
- improvement was required to ensure all surfaces were clean and conducive to cleaning
- storage of buckets and mops required review to ensure that it was undertaken in a hygienic manner
- some areas such as cleaning of mould, laundry baskets and the washing machine required to be included on the cleaning checklist to ensure they were periodically cleaned, and guidance was required for cleaning the washing machine
- further review of the centre's outbreak contingency and isolation plans was required to ensure all information was up-to-date, that staff were adequately guided with regard to entry and exit points, the management of clinical waste collection and supports residents would require if they were to self-isolate
- some risk assessments required review to ensure all information was up-to-date
- a review of the IPC self-assessment tool was required every 12 weeks.

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 Monaghan Accommodation Service OSV-0005310

Inspection ID: MON-0035938

Date of inspection: 14/06/2022

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> <ul style="list-style-type: none"> • The weekly cleaning checklist has been reviewed to include additional items for cleaning as stated in report. These are being checked and signed off by PIC weekly. • An internal IPC audit will be conducted within 12 weeks. • COVID and IPC continue to be an item on staff monthly meetings and a record is held in the service of each meeting. • A clear procedure for the cleaning of mould/mildew, limescale and the washing machine has been devised to act as a guidance document for staff. This has been communicated to all staff and will be further discussed in the August team meeting. • The current monthly cleaning schedule has been updated by PIC to include periodic items for cleaning e.g. washing machine, kettle. This will be checked and signed off by PIC monthly. • The PIC has updated the IPC self-assessment tool and this will be reviewed and updated where required by the PIC every 3 months in line with requirements. • An education session on general cleaning and the storage/cleaning of mops to is now included as an agenda item on the monthly resident's meetings. Staff will oversee that the correct procedure is been used and support residents to do same. The organisational Standard Operating Procedure on General Home Cleaning will be used for reference for this. • The PIC has reviewed the isolation plan to ensure that this includes entry/exit points for staff, supports for residents in isolation, and removal of clinical waste information. This will be discussed further at the August team meeting. • The PIC has reviewed the Covid-19 response plan and risk assessments to contain the most up to date information in line with public health and organisational guidance. This has been shared with staff and will be reviewed at the August team meeting. • Staff will ensure reasonable and continual prompting and reminders for the residents to ensure adequate cleaning- cleaning of resident's bedrooms/bathrooms is now an item on daily notes and handover and will be completed in line with residents will and preference. 	

- Hand Hygiene competency assessments will be arranged for all staff by the PIC by the end of September 2022.
- IPC Practitioner training has been scheduled for the PIC and this will be completed by the end of the last quarter of 2022 in line with training availability.
- Six monthly internal audits will be completed on site going forward. The template used will be updated to focus on general IPC rather than COVID specific.

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	31/12/2022