



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

Issued by the Chief Inspector

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| Name of designated centre: | Stoneywood House |
| Name of provider: | MMC Children's Services Limited |
| Address of centre: | Louth |
| Type of inspection: | Unannounced |
| Date of inspection: | 21 November 2022 |
| Centre ID: | OSV-0005521 |
| Fieldwork ID: | MON-0035925 |

About the designated centre

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

This is a service providing full-time residential care and support to four people with disabilities. It is located in Co. Louth in a rural setting and within a short drive to a local village where residents can access a range of community-based facilities. Systems are in place to meet the medical, physical, and emotional needs of each person living in this centre. It comprises a large house with five double bedrooms, three communal restrooms, a fully equipped kitchen/dining room, a spacious sitting room, a conservatory, a recreational room, two offices, and a large double garage. There is a large, well-maintained garden area to the front of the house, along with adequate parking to the front and rear of the property. The centre is staffed on a twenty-four-hour basis by a full-time qualified person in charge, a team of shift team managers, a team of residential support workers, and care assistants.

The following information outlines some additional data on this centre.

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| 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 |
|----------------------------|-------------------------|--------------|------|
| Monday 21 November 2022 | 10:15hrs to 16:00hrs | Eoin O'Byrne | Lead |

What residents told us and what inspectors observed

This inspection was unannounced to monitor and inspect the arrangements the provider had put in place concerning infection prevention and control (IPC). The inspection was completed over one day.

The inspector found that residents received appropriate care and support through observations and review of residents' information. Residents were supported to engage in activities of their choosing, and the centres' staff team supported residents in a way that promoted their views and rights.

The inspector met two of the residents. The residents appeared happy in their interactions with the staff members supporting them. One of the residents informed the inspector that they planned to watch the football world cup in the afternoon. The resident also told the inspector they hoped to start attending a day service programme in the new year. The second resident the inspector met later in the morning was interacting with staff in the kitchen area. The resident was joking with the staff and observing them prepare food. The other residents were attending day programmes or school and did not return during the inspection.

A sample of resident meeting minutes was reviewed, and it was found that residents had been kept up to date with changes regarding the COVID-19 pandemic and had also received information regarding IPC measures through weekly resident meetings.

While the inspection found that the needs of the residents were met, some areas required improvement to ensure that all IPC measures were in line with current guidelines. For example, the review of information available to staff found that some information was no longer applicable. In some cases, there was limited information or none available for staff members to follow regarding IPC practices and control measures. The inspector identified IPC risks regarding surface damage to furniture, countertops and tabletop areas. Enhancements were also required to the provider's auditing practices as the audits had not identified the issues. There was also a need to develop care plans for residents regarding how to support them if they contracted COVID-19 or another healthcare-related infection.

The remainder of this report will present the findings from the walk-around of the designated centre, discussions with staff and a review of the providers' documentation, policies and procedures concerning infection prevention and control. The findings of this review will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection Against Infection is provided.

Capacity and capability

The inspection found that there were improvements required to the governance arrangements. As discussed earlier, audits had been completed, but these audits had not identified all IPC issues. Furthermore, the inspector found that audits had been conducted quarterly instead of monthly per the provider's policies and procedures.

The person in charge was identified as responsible for IPC practices in the centre. An IPC lead was identified each day amongst the staff team, and this person was responsible for ensuring that IPC tasks and measures were implemented. There were systems in place to document the cleaning and disinfecting of areas and equipment. However, the inspector found gaps in record keeping regarding the completion of tasks—monitoring such records needed to improve to ensure that management had adequate oversight of practices.

The inspector found that there was a COVID-19 folder that contained information regarding the pandemic and IPC practices. There was a need to archive some of the information and to ensure that the information in guides for staff members was in line with current guidance and reflected best practices. While standard operating procedures had been developed for several topics, including the management of suspect, confirmed, or outbreak scenarios, a review was required to ensure that staff members had access to necessary information. For example, there was no clear guidance for staff to follow on waste management or the cleaning or management of mops being used in the centre.

The inspector spoke with two staff members regarding IPC practices being employed in the service. The staff members demonstrated that they had a good knowledge of the management of outbreak scenarios regarding donning and doffing and laundry management procedures. There were, however, some gaps in knowledge regarding the use, cleaning and storage of mops and mop buckets. The inspector reviewed where mops were being stored and found that the arrangements were unsuitable. The mop heads had been left in the mop buckets, and the mop heads were dirty. The inspector was informed that there had been a delay in sourcing new mop heads. However, there was no guidance for staff regarding the cleaning or storage of mop heads or buckets.

Staff members were observed to be wearing appropriate PPE when supporting residents. The inspector saw that there were supplies of PPE readily available to staff, including enhanced PPE to be worn during outbreak scenarios.

The inspector reviewed staff training records and found that staff had been provided with appropriate training concerning IPC practices. A review of staffing rosters also showed that adequate staffing levels were maintained. There were some vacancies, but a recruitment drive was being completed at the time of the inspection.

The inspector requested to review the annual reports completed in the centre.

These were, however, not available for review during the inspection. The inspector did find that the provider had completed a quarterly outbreak drill with staff members. The practices tested staff on the steps they would be required to take in the event of an outbreak. Areas that required improvement were identified following the drills, and there was evidence of the actions being addressed.

An outbreak of the COVID-19 virus took place in the service earlier this year. The provider had ensured that they had completed a review of the outbreak. The review was detailed and chronologically recorded the outbreak. It also identified learning from the outbreak and how the scenario could be better managed in the future.

In summary, the inspection found a number of areas that required improvement. The management and oversight of information available to staff and completion of IPC tasks required improvement.

Quality and safety

The inspector reviewed a sample of residents' information and found that the provider had not developed care plans for residents regarding the COVID-19 pandemic or IPC practices or procedures. This did not demonstrate good practice. The inspector discussed this with the person in charge, who began developing a care plan during the inspection. However, this document should have been created in order to guide staff on how to best support each resident. Furthermore, generic risk assessments had been developed regarding the covid-19 pandemic. There were no resident-specific risk assessments regarding the pandemic or IPC practices. These, again, should have been in place.

The inspector did find that the provider had ensured that residents had access to healthcare professionals and were supported to attend appointments when required. As mentioned earlier, residents had been kept informed of developments relating to the COVID-19 pandemic and IPC practices through resident meetings.

There were also systems to test and record signs and symptoms of infection for residents, staff members, and visitors. This was completed to facilitate prevention, early detection and control of the spread of possible infections.

Cleaning tasks were allocated to staff members for completion during day and night shifts. On the inspection day, the living areas and residents' bedrooms were found clean. There were, however, parts of the main bathroom that had not been cleaned. There were stains and marks on the tiles that identified this. However, in general, the residents' home was clean.

The review of records and discussions with staff identified that improvements were required to ensure that staff members adhered to standard-based precautions at all times. There were gaps in information and guidance documents provided to the staff team. The provider needed to address this and increase oversight to ensure

that assigned tasks were completed to an appropriate standard.

The person in charge and the inspector walked through the residents' home. The inspector identified a number of IPC concerns. In the kitchen area, there was damage to the countertops. There were also scrapes from wear and tear on one of the resident's tabletop areas. Further surface damage was found to presses in the utility room. The damage to the surfaces of these regularly used areas meant that they could not be appropriately cleaned from an IPC perspective.

Rusting and surface damage was evident on two handrails in the main bathroom. A shower trolley in the main bathroom had tears, which again meant that the surface could not be appropriately cleaned.

In conclusion, some areas required improvement if the provider was to bring the service into compliance from an IPC perspective. The inspection did find that the care needs were being met and that the residents appeared happy in their home.

Regulation 27: Protection against infection

The inspection found areas that required improvement regarding IPC practices and ensuring effective control measures were in place. Care plans and risk assessments specific to residents' needs regarding IPC had not been completed. These needed to be established.

IPC audits had been completed, but they had not been completed in line with the provider's policies. The audits also failed to identify all IPC risks that were identified during the inspection.

There was a need to improve the information available to the staff team, including guidance regarding waste management and the storing and maintenance of mops. The lack of information meant that there were gaps in the staff team's knowledge.

As noted earlier in the report, surface damage was observed in a number of areas. The surface damage impacted the staff team's ability to clean the areas from an IPC perspective effectively.

A review of daily cleaning and equipment cleaning recording sheets found that there were gaps in the records. There was a need to ensure that all tasks were being completed, as, during the inspection, the inspector found that there were aspects of the main bathroom that were not clean.

Judgment: Not 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 | Not compliant |

Compliance Plan for Stoneywood House OSV-0005521

Inspection ID: MON-0035925

Date of inspection: 21/11/2022

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 | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure the centre comes into compliance with Regulation 27 a number of areas will need to be addressed, with the underlying theme being oversight and governance. Practices will improve to ensure better daily oversight by the PIC and Centre Manager and these will include the below:</p> <p>IPC Audit tool to be updated to include oversight of potential damage to furnishings including furniture and surface areas such as worktops. This has now been done and audits will be carried out at least monthly.</p> <p>Care Plans were not present for individual residents in terms of caring for them should they contract Covid-19 or another transmittable virus. Risk assessments specific to each resident in relation to infection also needed completing. Both documents are now in place.</p> <p>Gaps in staff knowledge with regards certain practices including management of mops and waste management were identified. SOP’s with regards both of these practices have been developed and are now in place. These have been discussed at a Team Meeting to ensure all staff are aware of best practice in this regard. The IPC/Covid folder also had some older information in it that needed archiving to create more clarity with regards current guidelines. Outdated documents have now been removed from the folder with only current guidelines in place. The centre manager will sign this folder off on a weekly basis to evidence that it is being reviewed and that current measures/guidance is in place. This has started.</p> <p>The centre manager and PIC will ensure better oversight of cleaning records and daily cleaning is done. A deep clean of the main bathroom has also taken place with the shower rails removed.</p> <p>With regards furniture, the IPC audit now includes a section for review of furnishings for</p> | |

damage, as stated above. The shower table has now been removed as it is not needed, a joiner has quoted for replacement of the worktop which is to take place in the first week of January. On the same date, cupboard doors in the utility room that have been damaged will also be replaced. The residents personal table is to be revarnished by the same date also. A sofa that had some damage has now been replaced.

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. | Not Compliant | Orange | 06/01/2023 |