



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

Issued by the Chief Inspector

Name of designated centre:	Crosshaven
Name of provider:	Gateway Community Care Limited
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	12 October 2022
Centre ID:	OSV-0005753
Fieldwork ID:	MON-0038183

About the designated centre

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

Crosshaven can provide long-stay residential and shared care services to three male and female residents who are diagnosed with autism and or with an intellectual disability, and who require a maximum or high level of support. The service can support individuals aged from 18 years upwards. The centre comprises of a detached house and gardens in a rural area. Residents at Crosshaven are supported by a staff team that includes a person in charge and residential care workers. Staff are based in the centre when residents are present, including at night-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 12 October 2022	12:15hrs to 17:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector observed the care and support interactions between residents and staff. The inspector met with residents who lived in this centre, spoke with staff on duty, and also viewed a range of infection control documentation and processes.

The centre consisted of one house and could provide a full-time residential service for up to three people. It was located in rural area, but close to a busy town, which gave residents good access to a wide range of facilities and amenities.

The centre suited the needs of residents and provided them with a safe and comfortable living environment. The centre was clean, bright, suitably furnished and decorated, and there was adequate communal and private space for residents. All residents had their own bedrooms and had use of two sitting rooms. There was a well-equipped combined kitchen and dining room and an external laundry area.

None of the residents who lived in the centre had the verbal capacity to speak with the inspector or to discuss their lives there. However, the inspector met with all three residents on the afternoon of the inspection, saw how they spent their time, and observed the interactions between residents and staff. All three residents were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Throughout the inspection, staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences. The inspector also noticed that care had been taken with residents' appearance. All residents were nicely dressed and their outfits were clean and age-appropriate.

Behind the house, there was a very large, secure, well maintained garden, which included a large grassed area, raised planting beds, flowers, outdoor furniture and a seated swing. Residents liked spending time outdoors and used the garden for outdoor dining, playing ball, and for horticulture. During the summer they had planted vegetables, herbs and salads which they had harvested for use in the kitchen.

All residents had been to various services during the day and returned to the centre in the afternoon. All residents were welcoming and appeared to be happy to meet the inspector. One of the residents liked to relax in the sitting room for a while on return and another was helping staff by cleaning and his putting away his lunchbox. The third resident brought the inspector outside to show things that they enjoyed, and was then planning to go out for a drive with a member of staff. The resident was smiling and laughing and appeared to be very pleased to be doing this.

On the day of inspection, residents had a freshly cooked meal in the evening which

was prepared using fresh produce, to suit each person's needs and preferences. Staff members who spoke with the inspector were focused on ensuring that healthy and varied meals were cooked daily. These staff members were very knowledgeable about each resident's dietary needs and preferences and how these were being met. Staff also explained how the meal choices of residents were established and showed the inspector aids that were being used to support this. Residents always had a take away meal on one weekend evening, and there were communication techniques in place to assist them to choose which style of meal they would have.

Measures were in place to reduce the risk of COVID-19 infection for residents. Hand sanitisers were available throughout the house, and masks and thermometers were available for use as required. Information about infection control was also displayed to inform staff and visitors to the centre.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day services and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

While this inspection identified good infection prevention and control practices, there were some minor areas for improvement, which will be discussed in the next sections of this report.

Capacity and capability

The provider had measures in place to ensure that this centre was well managed, and that the residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents. During the inspection it was found that, although infection prevention and control processes were being well managed, improvements to policies and documentation were required to ensure that an effective level of infection control management would be maintained.

There was a clear organisational structure in place to manage the centre. There was a suitably qualified and experienced person in charge, who was responsible for the daily oversight of infection control management in the centre. The person in charge was responsible for the management of two designated centres in the area and was frequently present in this centre. It was clear that the person in charge knew the residents and their support needs very well and was very focused on ensuring that these needs were met to a high standard. The person in charge also worked closely with staff and with the wider management team. There were arrangements in place to support staff and to access the support of senior managers when the person in

charge was not on duty.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of safety and care was being provided and maintained.

Unannounced audits of the service were being carried out twice each year on behalf of the provider. These audits identified any areas where improvement was required, and action plans were developed to address these issues. The person in charge and staff also carried out a wide range of ongoing audits to review the overall quality of care and safety in the centre, such as audits of medication management, restrictive practice, fire safety and residents' finances. Monthly health and safety audits were being completed, which included reviews of infection control issues and hygiene of the centre. The person in charge also carried out detailed six-monthly infection control audits which included environment and food safety.

The centre was suitably resourced to ensure the effective delivery of care and support to residents, and for effective infection control management. These resources included the provision of suitable, safe, clean and comfortable environment, and adequate staffing levels to support residents and to ensure that the centre's cleaning schedule could be carried out. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising gels, supplies of disposable gloves, face masks and aprons, cleaning materials and thermometers.

The infection control and COVID-19 documentation viewed during the inspection was generally informative and up to date. However, some was not sufficient to guide practice and required review and update. Some documentation and guidance was unclear while some was not up to date. It was found, however, that staff were aware of the most up-to-date requirements and were implementing these. For example, policy guidance handling on management of infectious laundry differed from the practice in place in the centre, although the handling of potentially infectious laundry by staff members was being carried in keeping with good practice. The guidance in the centre's policy for the use and management of colour coded mops was also unclear and not sufficient to guide practice. The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. However, while this document was very informative, some aspects of it were generic and were not relevant to this service.

There were measures in place in the centre to ensure that staff were informed of infection control protocols and practices. A range of policies and guidance documents were available to guide staff, and these were generally informative and up to date. Training in breaking the chain of infection, hand hygiene, food safety, first aid, respiratory hygiene, COVID-19 awareness and donning and doffing personal protective equipment (PPE) was mandatory for all staff in the centre, and training records indicated that all staff had attended these training modules.

The person in charge and staff were mindful of the importance of sharing information about residents' infection status in the event of any resident transferring

from the centre, and this requirement was included in the centre's transfer policy.

The risk register had been updated to include a range of infection control risks, and control measures were clearly stated.

Quality and safety

The provider had good measures in place to promote the wellbeing of residents and to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19.

The centre was a detached bungalow, in a rural area close to a busy town. The location of the centre enabled residents to visit the shops, coffee shops and restaurants and other leisure amenities in the area. The centre had dedicated transport, which could be used for outings or any activities that residents chose. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, housekeeping tasks, table-top activities and crafts, swimming and music. The residents liked going out for walks and drives in the local area and this was being done during the inspection. The staffing levels in the centre ensured that each resident could be individually supported by staff to do activities of their preference. There was also a garden where residents could spend time outdoors.

The provider had ensured that there were strong measures in place for the prevention and control of infection. These included adherence to national public health guidance, staff training, daily monitoring of residents' temperatures and ensuring that a very high standard of structural and operational was maintained in the centre. The kitchen was bright and comfortable, and was well equipped with readily cleanable and suitable equipment for cooking and food storage. PPE was in plentiful supply in the centre and all staff wore face masks throughout the inspection.

During a walk around the centre, the inspector found that it was comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived there, and was kept in a clean and hygienic condition throughout. Surfaces throughout the house were of good quality, were clean and were well maintained. Wall and floor surfaces in bathrooms were of impervious material, which allowed for effective cleaning.

Residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic,

residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Residents were supported to access vaccination programmes if they chose to, in consultation with their representatives.

Cleaning schedules had been developed which stated the centre's hygiene requirements, including increased cleaning and sanitising of touch points such as door handles and light switches. Staff carried out the required daily and nightly cleaning tasks which were recorded in cleaning checklists, and records indicated that staff were completing daily cleaning of the centre as required. Colour coded cleaning equipment and materials such as mops, cloths and buckets was provided in addition to an adequate supply of cleaning materials. A designated area was provided for the storage of cleaning equipment. However, the guidance on the use of the color coded system in the centre's policy was unclear and, therefore, increased the risk of error and, consequently, cross contamination.

The centre had laundry facilities for washing and drying clothes and the laundry of potentially infectious clothing and linens was being managed in line with good practice. However, the documented process to guide staff on all aspects of high risk laundry management was unclear. This presented a risk that appropriate laundry management may not be carried out consistently.

Residents were supported to visit family and friends as they wished. Arrangements were also in place for residents to have visitors in the centre in line with latest guidance.

Regulation 27: Protection against infection

The centre was well maintained and there was a high standard of structural and operational hygiene found. However, improvement was required to some infection control documentation in the centre. Some policies and procedures relating to infection prevention and control did not suitably guide practice and required improvements.

The areas for improvement included:

- the provider's infection prevention and control protocol required improvement as the documented guidance on the management of potentially infectious laundry and the practice in the centre were not consistent
- the contingency plan for the management of an infectious outbreak should it occur was generic and some aspects of the plan were not specific to the centre
- some infection control procedures and policies required review as they had not been updated in line with latest public guidance
- guidance on the use and management of colour coded mops was unclear and

not sufficient to guide practice.

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 Crosshaven OSV-0005753

Inspection ID: MON-0038183

Date of inspection: 12/10/2022

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 Infection prevention and control protocol will be updated to include clearer guidance on the management of potentially infectious laundry. 02/11/2022. • The Contingency plan will be made specific to Centre where procedures are local to individual facility. 02/11/2022. • All policies and procedures will be reviewed and updated in line with up-to-date public guidance. 02/11/2022. • Updated guidance on color coded mops will be included in updates of policy and procedures. 02/11/2022. 	

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	02/11/2022