



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

## Issued by the Chief Inspector

Name of designated centre:	Knock House
Name of provider:	Dundas Unlimited Company
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	19 May 2022
Centre ID:	OSV-0005766
Fieldwork ID:	MON-0035286

## About the designated centre

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

Knock House provides full-time accommodation for five adult residents in a two-storey community house in County Dublin. Its design and layout replicates a family home and the comfortable and welcoming feel of the house is consistent with a home-like environment. There are five individual bedrooms for residents, two bedrooms are on the ground floor and one of these has en-suite facilities. There is an additional shower room with a toilet on the ground floor also. The remaining three bedrooms are on the first floor and are all en-suite. There is also a full bathroom on the first floor as well as storage. Residents are encouraged to decorate and furnish to ensure their environment is as homely as possible. The house is also equipped with a domestic kitchen and dining room where residents are encouraged to get involved with the grocery shopping and with the preparation of meals and snacks. There is a living room and a sun room leading to the garden. Additionally, there is a large gallery/TV area on the first floor. The centre is staffed by direct support workers, team leads and a person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 19 May 2022	09:50hrs to 15:40hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

During the course of the inspection, the inspector met with some of the residents and members of the support staff team and had an opportunity to observe some of the day structures of residents in the centre. Staff members explained to residents that an inspection was taking place in their home, and invited residents to speak with the inspector and talk about what they were doing for the day. Where residents did not wish to participate or be involved in the inspection, this was respected.

The inspector observed a respectful, friendly and enthusiastic rapport between staff and residents which contributed to a casual, homely environment in the house and also a busy day of activities for the residents coming and going. One resident had a gardening job and one of two centre vehicles was used to load up his equipment and drive out to their locations of work. One resident was at their day service earlier in the day and was later working on an outfit for a community event which they were looking forward to. One resident enjoyed long walks and another resident was streaming their favourite films in the living room. Some of the residents spent most of the day in the privacy of their bedroom, however staff were observed knocking on their door occasionally to make sure they were alright without interrupting them. Examples were observed of staff supporting a resident who became upset at one point in the day in a patient manner, giving the resident time to express themselves and be supported to return to good form. Staff commented that while the residents got along well, they all kept busy with their own individual routines for the most part.

The residents lived in a large two-storey house in the countryside with sizable gardens and sheds. One residents looked after chickens and built woodworking projects in their tool shed. Each resident had a large private bedroom which was personalised to their interests and preferences. One resident enjoyed making Lego projects and their bedroom was lined with shelves to display all of their builds. The house had multiple communal spaces in which residents could relax, watch movies and television, play video games and accommodate visitors.

The residents met regularly in house meetings to choose that week's dinner options and groceries list, and divide up household chores such as emptying the bins and collecting the post. The house meetings were also used to provide residents with updates related to the ongoing COVID-19 pandemic, and how their preferred community services and activities were affected by the easing social restrictions.

There had recently been an outbreak of COVID-19 in the designated centre. The residents spoke with the inspector about what they did in the house during that time. The residents were praised for doing their part in keeping themselves, their housemates and the staff members safe. The inspector also found evidence of how residents were educated in good practices related to personal equipment, hand hygiene, getting vaccinated, and staying safe in the community such as in shops.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control.

## Capacity and capability

The provider's infection control strategy was discussed regularly by a provider-level steering group consisting of senior management personnel. In recent months this committee had been joined by members with specialist background and expertise in infection control and prevention. The inspector found evidence indicating how this committee had used national recommendations and guidelines to develop centre-level outbreak protocols and infection risk controls.

The provider included assessment of infection prevention and control standards as part of their overall quality and safety audits of the designated centre. Additionally a monthly health and safety audit took place which included a review that good practice was being followed. The provider also completed a self-assessment, most recently in March 2022, of their capacity to manage the continued operation of the service in the event of an active infection risk. This accounted for matters such as staffing resources, vaccination status, isolation protocols and stock levels of protective equipment and chemicals. In these reviews the provider found themselves to be overall compliant with regulations and standards, and where action was identified, the inspector found evidence that these had been completed in a timely fashion.

The inspector found evidence indicating that appropriate personnel resources were available to maintain continuity of support and centre operation in the event that the services goes into outbreak and multiple staff members are off-duty at the same time. The provider had identified the safe minimum staffing levels required to support residents, and between regular staff working extra hours to cover their absent colleagues and the person in charge working shifts with the front-line team, this had been successful during a recent outbreak of COVID-19 in which up to four staff members were absent concurrently. The team had access to on-call management contacts and contingency arrangements in the event that the core team was not sufficient to cover absences.

Staff had been facilitated to attend education sessions in proper hand hygiene, use of personal protective equipment and breaking the chain of infection in residential

care settings. Two members of the team had been identified to attend additional training sessions to act as leaders in ensuring that good infection control standards and practices were adhered to in the designated centre.

## Quality and safety

On the whole, while there were some areas in need of development, the practices and procedures followed by the staff team and the residents were effective in keeping themselves and the home safe.

The staff team had a record of what had been cleaned and how often it was required. Generally kitchens, communal areas and bedrooms were in a good state of cleanliness and maintenance. Some improvement was required in bathroom spaces as, while items on the schedule such as toilets, sinks, taps and rails were clean, items not covered by the schedule were mixed in how visibly clean they were after the room was marked as cleaned. This included radiators, extractor fans, shower bases and spaces behind fixtures. Some light fixtures in bathrooms were also rusted, however the person in charge provided evidence before the end of the inspection that these were scheduled to be replaced.

The staff team diligently followed two lists when being assured of environments being cleaned, with one list covering general surfaces such as blinds, windowsills, worktops, bins and floors, and a separately recorded list of frequently touched points for disinfecting, such as handles, switches, TV remotes, phones and appliance doors. Centre vehicles were also in a good state of maintenance and were kept clean. While the risk of bacteria from stagnant water was very low due to all bathrooms and water outlets being routinely used, flushing of outlets took place as a precaution once a week.

The inspector found the cabinets and fridge for storing medicine was clean and tidy. Medical devices such as blood pressure monitors, oxygen saturation monitors and first aid kits were also clean and appropriately stored. Some minor improvement was required in the disposal kits for sharp items, as the box for this was not labelled and was filled beyond the recommended capacity.

Overall the management of cleaning equipment was appropriate. Mop heads were put in the washing machine after each use and hung out to dry, and mop poles were clipped to the wall. Mop buckets were emptied and dried also. Mops sets were colour coded based on their areas of use, however a lack of instruction meant that when speaking to the inspector, staff were not consistent in which colours belonged to which zones. The risk from this was low as mop head were washed on a high heat daily. Some minor improvement was also required in ensuring that buckets and poles were also cleaned after use, as there was some dirt and sticky substances found on them in storage.

The inspector found good examples of one-to-one and group education sessions

with residents on how to stay safe during the COVID-19 pandemic. The service utilised communication and information booklets relevant to each resident's capacity and reading styles explaining the process for isolation, social distancing, hand hygiene and use of face coverings. Information sessions were held on what to expect when getting vaccinated including possible after-effects, so that residents could make informed consent on this and appreciate the risks and benefits involved. After the service had an infection outbreak in early 2022, a debrief took place with the residents in which they were commended on their role in keeping their house, their support team and their peers safe and getting through their isolation time effectively. Residents were kept informed what aspects of their routines and activities were back open and safe to return to over time.

The inspector reviewed staff guidance, policies and protocols on infection risk. Staff were provided guidance on important contacts and processes to follow in the event that regular management personnel are unavailable, if clinical guidance is required out of hours, or if there is a problem with centre supplies. The infection control procedures also discuss what to do in the event of an infection emergency such as an accidental needle prick. While staff knowledge in general was good, there was room for development in staff guidance and protocols related to management of clinical waste, bodily spills, soiled laundry, or composition of cleaning mixtures, to ensure consistent procedures followed by staff on day-to-day infection risk management measures, outside of the context of COVID-19.

Staff followed the required practice related to hand hygiene, use of face coverings and screening precautions related to people visiting the designated centre, as well as residents who had spent extended time away from the centre. The provider had held a review session following their recent outbreak, and while it was not clear if the provider had taken any learning from the lived experience of the event, it was noted how staffing had been sufficient to maintain centre operation and keep residents safe.

## Regulation 27: Protection against infection

Overall, the management, staff and residents had been supported to carry out their respective roles in effectively managing risks related to infection prevention and control. The provider had liaised with the personnel with specialist knowledge to ensure that their infection management strategies were informed by infection prevention and control expertise and evidence-based practice.

Infection control was a topic routinely reviewed as part of the general operation of the centre, including being discussed in team meetings, audits and quality reviews. Education on good practice was facilitated for staff and for residents and this was observed being followed on inspection.

Some development was required on cleaning schedules, cleaning and waste management protocols and the management of some items relating to cleaning and waste disposal, however the inspector found evidence that on the whole, the staff



and provider were keeping the living environment clean and well-maintained and the risk to the residents was low.

The provider, staff team and residents had all followed appropriate steps to ensuring that when the service had an outbreak, this was managed and coordinated effectively, with regular updates and sufficient contingency resources to continue to support residents' assessed needs.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Knock House OSV-0005766

Inspection ID: MON-0035286

Date of inspection: 19/05/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A full review of Infection Prevention and Control arrangements within the centre has been completed. This review focused on ensuring 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 as published by the Authority.</p> <p>The following key areas were identified for improvement-</p> <ol style="list-style-type: none"><li>1. Cleaning of cleaning equipment: Added to the weekly cleaning log on 20/05/2022 to ensure that all equipment is in a good state of repair, fit for purpose, and clean to ensure good infection prevention and control practice.</li><li>2. Deep clean of all bathrooms and ensuites completed and daily inspection by a member of the management team at handover.</li><li>3. Replacement disposal kits for sharps items put in place. Staff advised of the safe use, storage and disposal of these kits.</li><li>4. Review of staff guidance and protocols related to the management of clinical waste has been completed and a protocol put in place to guide and review staff practice.</li></ol>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	04/07/2022