



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

Issued by the Chief Inspector

Name of designated centre:	Ceol na Mara
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	20 September 2022
Centre ID:	OSV-0005867
Fieldwork ID:	MON-0037817

About the designated centre

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

Ceol na Mara is a full-time residential service run by the Health Service Executive. The centre can provide for up to four male and female adults, who are over the age of 18 years, with an intellectual disability. The centre is located in a rural location, close to a village in Co. Sligo. The centre comprises of a single-storey detached house, which includes a kitchen/living area, two sitting-rooms, utility, resident bedrooms and bathroom facilities. Large gardens are available for residents to enjoy. The staff team provided consisted of both nursing and health care assistants, with waking night-time cover provided.

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 20 September 2022	09:30hrs to 13:30hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspection was completed in one day and during this time, the inspector met with residents and spoke with staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre.

Ceol na Mara was located in a residential but rural location which was within driving distance of a busy village. Residents had access to dedicated transport in order to engage in community activities.

This designated centre was a four bedroomed bungalow where care and support was provided to four residents. The entrance hall was bright and welcoming. There was a small table provided where a safety pause station was set up. There was a combined kitchen/dining room which was well presented, clean and tidy. To the rear of this, there was a utility room which was used for the storage of equipment and the laundering of bed linen and clothing. At the front of the house, there was a spacious sitting room. This was a very comfortable room where the hard and soft furnishings were observed to be clean. There was a smaller activity room beside the sitting room, which was organised and welcoming. The person in charge told the inspector that one resident enjoyed using this room to do art and craft activities. Furthermore, there was a pleasant sun room where residents could sit to relax or to eat meals if they choose to do so. This meant that residents had sufficient space to relax together or apart depending on their preference. All residents had their own bedrooms and these were observed to be comfortable and personally decorated. Two residents had en-suite bathroom facilities. The other two residents used a communal bathroom which was clean and in a very good state of repair. To the rear of the premises, there was a back door and the inspector noted that there was no hand hygiene station at this point of exit and entry. This led to a patio area where there was a large garden space provided. Arrangements for the storage of mops were in place, however, these required review as the storage rack was in an outdoor location at the back of a shed. The person in charge told the inspector the mop system use was under review and that a change to a flat mop system was in progress.

The inspector met with all four residents on the day of inspection. On arrival, the inspector found the residents rising for the day and enjoying breakfast in the sun room. Residents were observed choosing a hot or cold breakfast and discussing which type of coffee they would like. Those spoken with told the inspector that Ceol na Mara was a happy house and interactions between the residents and the staff and duty were observed to be kind and respectful. One resident told the inspector about their daytime activities. They said that they attend a community group in the locality and that they enjoyed this. The staff on duty told the inspector that another resident attended an active age group in a different location. The resident was

observed listening. Then, they smiled broadly and showed the inspector the yoga movements that they were learning. The staff on duty told the inspector that although residents had a good awareness of the risks associated with the COVID-19 pandemic that they were happy to return to their community based activities and they were pleased that their lives were returning to normal.

The person in charge told the inspector that all residents had regular contact with their families and their communities. Family contact was facilitated through visits to the designated centre, day trips to residents' homes and through telephone calls and video calls. Although, there were no visiting restrictions in place in the designated centre on the day of inspection, some cautionary signage was displayed. This will be expanded on later in this report.

The person in charge was on duty on the day of inspection, along with a staff nurse, two healthcare assistants and a student nurse. The person in charge told the inspector that they commenced employment as person in charge for Ceol na Mara in November 2021. They said that they had responsibility for two other designated centres and that they had the capacity to do so. The staff nurse on duty was found to be experienced and to know the residents well. This meant that if the person in charge was not present that there were clear reporting relationships in place. Furthermore, if the staff needed guidance on IPC measures, they knew who to ask.

Measures to prevent and control the spread of infection were in place. The inspector found that most were of a good standard, however, some required review. As previously referred to, there was a safety pause which was carried out at the point of entry. The inspector saw that three bottles of hand sanitiser and hand lotion were provided. However, only one was in date. In addition, there was a bottle of hand wash foam and a thermometer which were not used at the safety pause station and were removed on the day of inspection. Both medical face masks and FFP2 masks were provided for use and a symptom checklist was available. However, the inspector found that this required review to ensure that it was relevant to current public health guidelines in relation to IPC.

Hand washing facilities were available throughout the property and there was an adequate supply of hand soap and paper towels. Foot operated bins were available throughout the centre and they were clean and lined correctly. Staff were wearing face masks and were observed to be practicing good hand hygiene at appropriate intervals throughout the day. There were sufficient supplies of personal protective equipment (PPE) available in the centre, including gloves, aprons, and both medical grade and FFP2 masks.

Signage was displayed throughout the centre. Many of these posters were in easy-to-read format, for example, the handwashing posters displayed for residents' use. However, the inspector noted that some of the signage displayed required updating. For example, the easy-to-read poster displayed on the front door which referred to visiting restrictions and social distancing required review. Also, the signage displayed which referred to overseas travel arrangements was not in line with current public health measures. In addition, some signage required review to ensure that the guidance provided could be actioned by the staff if required. For example, to ensure

that an appropriate detergent for disinfecting was available for use if required and that alginate bags were available if needed.

In summary, Ceol na Mara provided high standard living accommodation for the residents where there were good systems and processes in place to prevent and control the spread of infection. The atmosphere presented as relaxed and cheerful, and the residents appeared content. There were clear governance and leadership arrangements in place. Although there was good oversight of infection prevention and control measures, some matters required review.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there were good governance structures in place in relation to infection prevention and control in this centre. The person in charge was present during the inspection and they told the inspector that they reported to a director of nursing. This reporting relationship was described as supportive. Furthermore, the person in charge attended fortnightly meetings which were attended by the director of nursing and all persons in charge in the areas. These meetings provided an opportunity for shared learning in relation to infection prevention and control to occur.

The person in charge had overall responsibility for the management of infection prevention and control and they acted as the lead worker representative for COVID-19. In addition to this, the acting director of nursing was nominated as the COVID-19 response manager. Should any concerns arise, the person in charge had access to an internal IPC link nurse and an external IPC team. The inspector noted a poster displayed on the staff notice board which clearly showed pictures of the team involved and a description of their role. This meant that staff were aware of how to seek support if required.

The provider had systems in place to assess, monitor and review performance in relation to infection prevention and control. A corporate safety statement was available for review and the health and safety statement was site specific and up to date. A ranges of policies, procedures and guidelines were on file. These provided guidance on standard precautions, transmission based precautions, hand hygiene, laundry management and waste disposal.

The person in charge had a risk register in place and there were specific risk assessments relating to IPC risks in the centre. There was evidence that the

assessments were reviewed recently and most were up to date. However, risks in relation to delays in training provided, transmission of COVID-19 infection and engagement with external maintenance contractors required review to ensure that they were up-to-date and in line with current public health guidance.

The centre had a site specific contingency plan in place which provided guidance to staff if there was a suspected or confirmed case of COVID-19 in the designated centre. This was reviewed in August 2022 and staff spoken with were aware of what to do if required to act promptly. This included using enhanced PPE, putting person centred isolation plans in place, reporting concerns promptly and seeking support from the person in charge, the IPC link nurse and senior management. This designated centre experienced a COVID-19 outbreak this year. This was discussed with the person in charge who reported that the residents coped well during the time that transmission based precautions were used and that the individual isolation plans worked well. A review of the documentation showed that outbreak meetings had taken place during this period with members of the senior management team. However, although the contingency plan recommended a post outbreak review, the person in charge told the inspector that this was informal in nature, that no meeting took place and that there were no minutes for review. Therefore, the contingency plan required review to ensure that the actions identified were occurring in line with the recommendations made.

A range of audits were used in this centre, some of which were specific to infection prevention and control. These audits provided opportunities for enhanced oversight of the control measures in place. The inspector found that the annual review of the care and support provided was completed in February 2022. The twice per year provider-led audit was completed in April 2022 and it included consultations with residents and with their family members. The actions identified were included in the centre's quality improvement plan. The inspector noted that this included a revised plan for mop storage and that this was to be completed within a specific timeframe. This timeframe was not met however, the inspector observed that the maintenance service was on-site on the day of inspection and a plan was in place to progress this matter.

Quarterly audits were completed by the person in charge and these were found to be up to date. For example, the environmental audit was completed and the COVID-19 lead worker template was also done. The person in charge told the inspector that these audits helped to ensure that their responsibilities were documented and actively reviewed. The HIQA self-assessment tool was completed and an audit of staff training was in place. In addition to this, staff had used to a weekly and daily cleaning schedule with enhanced cleaning arrangements specified during a COVID-19 outbreak. Furthermore, a daily handover book was in use and was reviewed by the inspector. This provided an opportunity to for the staff team to reflect on what was working well in the centre and what required review. The person in charge told the inspector that this tool was helpful and reported to be working well.

The staffing arrangements in the centre were reviewed and the roster provided an accurate description of the staff on duty on the day of inspection. Team meetings were taking place on a monthly basis and the minutes were available for review.

Clinical supervision was taking place every six months and the schedule was up to date. Staff had access to infection prevention and control training as part of a programme of continuous professional development. Modules included; basics of infection prevention and control, hand hygiene, personal protective equipment (PPE), management of blood and body fluid spills and cleaning and disinfection training. A sample of IPC training was reviewed and all modules were completed. As previously referred to, a new mop system was in process and the person in charge had arranged site specific training on how to use the mop system for the staff at Ceol na Mara.

The next section of this report explores how the governance and oversight arrangements outlined above affects the quality and safety of the service being provided.

Quality and safety

The inspector found that the residents in Ceol na Mara were provided with a good quality and safe service however, some matters required updating or review.

As previously described, the inspector spoke with all residents on the day of inspection and some residents choose to communicate with the inspector. In addition, the residents' interactions with the staff on duty were observed and these were found to be supportive and respectful. Residents meetings were taking place on a weekly basis and they included discussions on infection prevention and control and staying safe. The inspector spoke with the person in charge about the COVID-19 vaccination programme in place for residents. The person in charge said that the booster programme was ongoing and it was clear that residents' were supported throughout this process and that their rights were considered and respected.

Residents had comprehensive support plans in place. A review of these documents provided evidence of residents' access to a general practitioner (GP) and members of the multi-disciplinary team. For example, the person in charge confirmed that a resident had ongoing support from an occupational therapist, a physiotherapist and from a psychologist. This meant that a circle of care was in place for this resident which ensured their healthcare needs were attended to. There were no recent or regular admissions to hospital services and therefore there was no requirement for sharing of infection status on admission and discharge at the time of inspection. However, there was a checklist in place for use when residents returned from a visit home. This required review to ensure that it was relevant and in line with current public health guidance.

It was clear that infection prevention and control practices were part of the daily routine in Ceol na Mara. Staff were observed adhering to standard precautions such as, the wearing face masks and practicing hand hygiene as required. Residents were

gently reminded to clean their hands.

As previously outlined, suitable outbreak preparedness and outbreak management plans were in place. These included the use of coloured zones which were used to reduce the spread of infection should an outbreak occur. The inspector found the residents had individual isolation plans on file which provided guidance on the bathroom facilities to use and the enhanced cleaning procedures in place if required. Staff spoken with were aware of what to do and of how to act quickly if required. A policy on cleaning and disinfection was available to guide staff and posters were on display. However, some of these required review to ensure that the guidance provided was effective. For example, although guidance in relation to cleaning and disinfecting was displayed for staff use, the cleaning products specified were not available on the day of inspection. Furthermore, guidance was available on the laundering of bed linen and clothing during an outbreak. However, the dissolvable bags used were out of stock and needed to be re-ordered.

Overall, the inspector found that the residents' home was very clean, tidy and well maintained. There were no internal maintenance requirements apparent on the day of inspection. However, some improvements were required with regard to updating or removal of signage displayed, regular stock checks to ensure products were available and in date and a review of the risk assessments and contingency plans used to ensure that they were relevant and effective.

Regulation 27: Protection against infection

The provider ensured that residents who may be at risk of a healthcare-associated infection were protected by the processes and procedures in place in this designated centre. However, some improvements were required to ensure that the IPC process and procedures in place were effective.

For example;

- the provision of hand hygiene stations at all points of exit and entry, for example, at the back door
- the provision of an adequate mop storage system
- the process in place for stock checks to ensure that items available were in date and that items required were available.
- the process in place for review of signage displayed and safety checks used to ensure that they were relevant and in line with public health requirements
- the process in place for the review of risk assessment to ensure that they were up to date
- a review of the site specific COVID-19 response plan to ensure that all post outbreak requirements are completed, for example; the post outbreak review.

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 Ceol na Mara OSV-0005867

Inspection ID: MON-0037817

Date of inspection: 20/09/2022

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 Registered Provider has ensured that residents who may be at risk of a healthcare associated infection are protected in line with Infection Prevention and Control. These procedures in place are consistent with the regulatory standards published by the Authority.• The Person in Charge has ensured all hand hygiene stations have an in date hand gel at all points of entry and exits. Completed 20/09/2022.• The Person in Charge has provisions made for the adequate storage of the flat mop system by the purchasing of a new shed to store same. Work has commenced on the laying of a foundation for shed and expected date of completion is 26/10/2022.• The Person in Charge has now stock checks in place for all staff to complete, and ensure all items are available and in date. Completed 20/09/2022• The Person in Charge has completed a review of all signage and are now in line with current public health requirements. Completed 21/09/2022• The Person in charge has review and updated all Risk Assessments. All Covid Risks are now updated in line with Guidance. Completed 24/09/2022.• The Person in Charge has reviewed the site specific COVID-19 response plan to ensure that the post outbreak review is completed. Completed 20/09/2022	



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	26/10/2022