

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

Issued by the Chief Inspector

Name of designated centre:	Fox Cottage
Name of provider:	Dundas Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	20 October 2022
Centre ID:	OSV-0006672
Fieldwork ID:	MON-0038224

About the designated centre

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

Fox Cottage is a full-time residential service, which is run by Dundas Ltd. It is a two-storey community house situated in a village in County Louth. The centre provides a service to both male and female residents over the age of 18 years. Residents have access to amenities such as shops, chemists and a café. The centre comprises of five bedrooms, two of which have en-suite bathrooms and there are two additional bathrooms, one on each floor. The centre also consists of a kitchen, utility room, a dining room, a sunroom and a sitting room. The staff team in the centre comprises of social care workers and direct support workers who provide 24 hour support to the residents living there. A bus is provided in the centre for residents to travel to their chosen activities and attend day services.

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
Thursday 20 October 2022	12:40hrs to 16:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had in place for the management of infection prevention and control (IPC) in the centre. The inspection was completed over one day and took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

On arrival to the centre, staff members were observed wearing face masks and one staff took the inspectors temperature.

The inspector met and spoke with three of the residents who lived in the centre and staff who were on duty throughout the course of the inspection. One of the residents declined to meet with the inspector after being asked by a staff member. One resident was attending a day service and one resident was out with a staff member running some errands.

The centre was generally very clean and well organised. Each resident had their own bedroom and two of them had en-suite bathrooms. One resident showed the inspector their bedroom and spent some time talking about family members, who they visited regularly and activities they liked including football and music. The bedroom was decorated with the resident's personal possessions including family photos and football memorabilia.

The resident said that they liked living here and were happy sharing the house with their peers. They also said that they liked the staff and felt safe living here. The resident spoke about future plans they had to go to England to see their favourite football team and a staff member told the inspector about a three day trip the resident had taken to see a football match last year.

Residents got to choose the meals they wanted on a weekly basis and were observed enjoying dinner together on the day of the inspection. Another resident enjoyed a snack and a cup of tea when they returned to the centre from their day service. This was recorded in the resident's personal plan as being an important routine for them.

Residents were also involved in the running of the centre, for example, one resident went to do the weekly food shopping with staff which was something they enjoyed doing. Another resident was observed being supported by staff to manage their own laundry.

Residents were kept informed through weekly meetings about COVID-19. One of the residents spoke to the inspector about COVID-19 and getting vaccinations to protect them. The resident said that they were very happy to get these vaccinations and they also spoke about how they were able to carry on doing activities they liked, in

the centre when public health restrictions were in place.

The property was generally well maintained and some works were planned to take place in relation to painting the centre. The inspector also observed some additional minor issues that needed to be addressed on the day of the inspection. This is discussed later in the report.

There were numerous hand sanitisation points throughout the centre and sinks had a supply of soap and disposable towels. There was a separate utility room and residents laundered their clothes separately. Staff went through the procedures for managing and separating residents' clothes and were aware of the correct temperature of the wash cycle. Staff informed the inspector that they wore gloves and aprons when handling laundry and, where appropriate, they used specific dissolvable bags in the washing machine to launder soiled linen.

The kitchen was clean and there were procedures in place to mitigate the risk of infection when preparing food. For example, chopping boards were colour coded, the temperature of the fridge and freezer were recorded daily and any food cooked in the centre was probed to ensure that it was at the correct temperature before serving it to the residents.

Storage was available in the centre, however, the storage of paper hand towels needed to be reviewed, as it was observed there were stored in an area where there was a risk of cross-contamination. This was addressed before the end of the inspection.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

Overall, the inspector observed that the governance and management arrangements in the centre were generally of a good standard, however, some issues with the premises had not been addressed in a timely manner and some records pertaining to infection prevention and control needed to be more specific to the IPC issues in this centre.

The provider had policies and procedures in place to guide practice on infection prevention control along with general risk assessments, individual risk assessments for residents on, IPC and contingency plans for the management of COVID-19 and influenza in the centre. All of the records had recently been updated.

At the time of the inspection, the person in charge and team leader were on

planned leave and the inspection was facilitated by the assistant director of care, an acting team leader and a person in charge from another centre.

The provider had systems in place to oversee and review IPC measures in the centre. This included enhanced cleaning schedules, monitoring the premises for wear and tear, audits on IPC and procedures in place for the management of clinical waste.

Staff said that they were kept informed of changes to practices in IPC measures. For example, specifically in relation to COVID-19, written updates were provided via email and changes were discussed at staff meetings which occurred every month in the centre. Staff reported that they felt supported and could raise a concern if needed to their manager, through the out of hours on-call system or through supervision.

There were sufficient staff on duty to support the residents' needs in the centre. The staff spoken to were knowledgeable around the needs of the residents.

Staff had been provided with infection control training which included hand hygiene, donning and doffing of personal protective equipment (PPE) and standard infection control precautions.

Quality and safety

Overall, the provider had arrangements in place to ensure that residents were provided with a safe quality service in relation to infection prevention and control. However, some minor improvements were required in records and premises.

Each resident had an assessment of need completed and support plans in place to guide practice. Risk assessments were also in place to identify the controls in place to manage IPC issues. However, the inspector found that some records were generic and referred the reader to other policies for control measures instead of recording the controls pertinent to the issues in the centre. This needed to be reviewed to ensure consistency and guide practice for staff.

Overall, the premises was clean and the utility area was well organised to include separate areas to store cloths and mop heads for laundering. There was a garden shed to the back of the property where surplus personal protective equipment was stored. The inspector observed that disposable towels were not stored in covered containers. However, this was addressed in a timely manner on the day of the inspection.

As stated earlier, the provider had systems in place to monitor the premises and had highlighted in June 2022 that the property needed to be painted and that one of the

resident's chairs needed to be replaced. These had not been addressed at the time of the inspection. The inspector also observed that a skirting board beside a shower upstairs needed to be addressed as it was discoloured and another armchair was worn in areas, both of which were potential IPC risks.

The provider had enhanced the cleaning schedules in place in the centre since the COVID-19 pandemic had begun. Records were maintained to verify this and while staff were for the most part were clear about what cleaning was required to reduce the risk of cross-contamination in the centre, they were not all sure about the exact policy in relation to the use of bleach and the correct dilution required.

Staff were aware of the procedures to be followed in the event of a resident being suspected of having COVID-19 in the centre.

The provider had systems in place for the management of waste. Pedal bins were provided in all rooms. There was a system to manage general and clinical waste in the centre and staff spoken to were aware of the procedures to follow.

Colour-coded mops were used in the centre to clean specific areas and the provider had procedures outlining which colour mop should be used to clean specific rooms. Staff spoken with were aware of this system also.

Regulation 27: Protection against infection

The premises required a small number of improvements which included the replacement of two chairs, a skirting board in the shower room upstairs needed to be addressed and some areas of the centre needed to be painted.

The risk assessments in place needed to be reviewed to ensure that the control measures outlined were specific to the risks in the centre.

The guidance in relation to the use of bleach in the centre to manage IPC risks needed to be updated to guide staff practices.

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 Fox Cottage OSV-0006672

Inspection ID: MON-0038224

Date of inspection: 20/10/2022

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> <p>A review of the premises was completed and any maintenance issues were escalated to the maintenance department. Any actions identified have been completed or a time bounded plan has been put in place. This plan will be monitored through monthly Governance meetings.</p> <p>Immediate improvement on the premises- The chair in the sitting has been replaced with a new recliner and the old chair discarded. The chair in the resident bedroom has been removed and discarded also.</p> <p>The skirting board in the upstairs bathroom has been varnished.</p> <p>The kitchen, sunroom, dining room and sitting room have all been painted.</p> <p>A review of risk assessments within the centre have been completed – appropriate control measures specific to the centre have been put in place to guide staff practice. All staff are aware of these measures and it was discussed at a team meeting.</p> <p>Guidance in relation to bleach- A protocol has been put in place for the use of the spill kit and was discussed with staff at our team meeting. A-Z is in place outlining the different cleaning techniques and products to be used within the center. All staff are have been made aware of this document, and it is accessible to them.</p>	

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	30/11/2022