



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

Issued by the Chief Inspector

Name of designated centre:	Dunavon
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	27 July 2022
Centre ID:	OSV-0001707
Fieldwork ID:	MON-0035750

About the designated centre

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

Dunavon is a service providing residential services to seven adults with disabilities (both male and female) over the age of 18 years. It is located in County Wicklow and in close proximity to a large town. Residents are supported by staff to access local amenities such as shops, restaurants and cafes. The centre comprises of a large two story building. Each resident has their own bedroom, decorated to their individual choice and there is a number of other communal rooms/sitting rooms for residents to avail of. The centre is staffed on a 24/7 basis with both nursing staff and social care professionals. The provider has made arrangements for five staff to be available during the day to support the residents and two waking night staff to assist residents during the night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 27 July 2022	09:20hrs to 15:40hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation.

The centre comprised a large two-storey house. The house was close to a local town with amenities and services. There was adequate communal space and each resident had their own bedroom. The bedrooms were individualised and decorated to the tastes of the residents. There was a large garden space for residents to use, however it required some attention and upkeep to make it more inviting. Some aspects of the premise were institutional in aesthetic, however efforts had been made to make it more homely. Generally, the centre was clean and well maintained, however, some areas of the premise required enhancement to mitigate infection hazards and to meet optimum IPC standards.

The inspector observed positive IPC practices and measures in the centre, such as good access to personal protective equipment and hand washing facilities, and staff wore face masks in line with public health guidance. However other arrangements required enhancement, for example, the maintenance of cleaning equipment, and standard of some documentation.

The inspector met all of the seven residents living in the centre. The residents did not communicate their views of the service to the inspector. Some residents communicated with the inspector through eye contact and gestures. One resident briefly told the the inspector about a recent trip to the cinema. Residents were supported by staff working in the centre to participate in social and leisure activities. The inspector observed activity planners, however they were not in an easy-to-read or accessible format and it was not clear if residents could understand them. During the inspection, residents were supported to participate in a mix of centre based activities, such as using a swing and watching television, and community based activities, such as going out for lunch.

The residents received massage treatments and chiropody services within their home. The inspector queried with the management team of the centre why residents were not availing of these services within their community. The inspector was informed that some facilities could not accommodate the residents, and that some residents preferred to receive these services in the centre. Further consideration was required to ensure that residents had the opportunity to partake in these activities in their community if they wished.

The annual review of the quality and safety of care and support in the centre, conducted in June 2022, had consulted with residents and their representatives. The feedback from the residents and their representatives was positive and indicated satisfaction with the service.

The person in charge was not on duty during the inspection and other members of staff and management facilitated the inspection. Staff were observed interacting with residents in a kind and personable manner.

The inspector spoke with several staff members during the inspection including nurses and social care workers. Staff had good knowledge of the residents care and support needs, and described the quality and safety of care and support provided to residents as being very good. During a discussion with staff, the inspector heard loud vocalisations from a resident while another resident was in close proximity to them. Staff told the inspector about how the resident vocalising and other residents are supported, for example, through redirection and reassurances, to manage any adverse impact.

Staff also spoke about some of the infection prevention and control measures in the centre, and had a good understanding on the matters discussed. There had been a COVID-19 outbreak earlier in the year, and staff advised the inspector that the outbreak was managed in line with the outbreak plans.

Staff and members of the management team told the inspector about how residents had been supported to understand IPC and COVID-19 measures through verbal prompts and guidance. However, the inspector found that improvements were required to better demonstrate how residents had been consulted with, for example, during restrictions on visits and community activities.

Overall, the inspector found that the centre was operating at a good standard of infection prevention and control (IPC) practice and the registered provider was ensuring the risk of healthcare-associated infection was being managed, however, areas for improvement were found.

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

Capacity and capability

Overall, it was found that the registered provider and person in charge had implemented arrangements and systems to support the delivery of safe and effective infection prevention and control (IPC) measures that were consistent with the national standards, however improvements were required to strengthen the measures.

There was a clearly defined governance structure with associated roles and responsibilities for the centre. The person in charge was full-time and supported in their role by a deputy manager. The person in charge reported to a senior services manager. The person in charge provided support and guidance to staff in the centre on a day-to-day basis. In the absence of the person in charge, staff were supported

by the deputy manager or senior services manager. There were also on-call arrangements for staff to contact outside of normal working hours.

The provider had a COVID-19 committee that met regularly and convened in the event of an outbreak. The committee also provided ongoing guidance to the provider's centres and shared information on COVID-19 matters. The provider had recently facilitated three of its staff to complete additional IPC training. The provider planned for these staff to utilise their training to strengthen the IPC measures and systems across the provider's centres. Within the centre there were two COVID-19 lead representatives, they had completed training relevant to this role and had responsibilities regarding the COVID-19 measures implemented in the centre.

The provider had prepared a written infection prevention and control policy for staff to adhere to. Staff also had access to public health information on COVID-19 and IPC, and the person in charge regularly shared information with staff to ensure that they were familiar with the current guidance. The information was maintained in a folder and staff signed a signature sheet to indicate that they had read the contents.

The provider and person in charge had implemented systems to monitor infection prevention and control (IPC) arrangements in the centre. A recent health and safety audit had been conducted which assessed environmental infection hazards and risks. There were also monthly housekeeping audits which covered aspects of IPC, for example, hygiene and waste arrangements. The provider had carried out an annual review and six-monthly unannounced reports on the quality and safety of care and support provided in the centre which made references to COVID-19 and IPC. Actions identified from reviews and audits were monitored by the person in charge to ensure completion. The person in charge and senior services manager had also completed IPC self assessment tools and quality improvement plans to assess the arrangements and identify any areas for improvement.

The person in charge had completed risk assessments on IPC matters including COVID-19. The risk assessments identified associated control measures to mitigate the risks. However, the inspector found that further risk assessments required development on other potential IPC risks and hazards that presented in the centre and to reflect the control measures that were already in place.

There was an adequate supply of personal protective equipment (PPE) and it was securely stored. Audits of the PPE stock were completed to ensure that the supply was sufficient.

Staffing in the centre consisted of nurses and social care workers, and they were required to complete IPC training to support them in understanding and implementing IPC measures. The inspector viewed a sample of the monthly staff team meeting minutes and found IPC to be a standard agenda item to support staff knowledge, for example, discussions had taken place on COVID-19, cleaning schedules, and outbreaks.

The inspector spoke to some of the staff about IPC measures in the centre, such as arrangements for soiled laundry and bodily spills, cleaning schedules and chemicals, outbreak plans, and reporting structures. Staff spoken with had a good

understanding on the matters discussed.

Quality and safety

The residents living in the centre had varied healthcare needs and the provider had ensured that appropriate supports were in place to meet their needs. Residents had timely access to multidisciplinary team services, such as dietitian, occupational therapy, physiotherapy, speech and language therapy and positive behaviour support.

The person in charge had ensured that residents' needs were assessed which informed the development of personal care plans. The inspector viewed a sample of care plans and found that infectious risks, where known, were noted with associated interventions to be followed. The colonisation status of residents was also noted, where known, and there was guidance for staff to follow to prevent the spread of infection. There were no recent admissions or discharges in the centre.

Residents had access to COVID-19 and flu vaccinations programmes, if they wished. Staff advised the inspector that residents had been supported to use phone calls and video technology during previous visiting restrictions. As referred to earlier in the report, improvements were required to better demonstrate how residents had been consulted with around the IPC measures and arrangements in the centre.

The centre had been recently deep cleaned and some areas had been painted. However, further attention was required to address IPC hazards and risks. Painting was required around doors and skirting boards that were damaged from contact with wheelchairs. Aspects of the bathrooms required attention, for example, there was rust on grab rails, a fan and commode required cleaning, and a storage unit was damaged. In the sensory room, the mats required cleaning and there was a small hole in the fabric which presented a risk of bacteria harbouring. The maintenance of wheelchairs also required enhancement, as one wheelchair required cleaning and the fabric on another wheelchair was damaged. Flooring in the downstairs hallway was damaged impinging on how effectively it could be cleaned. The provider and person in charge had already actioned some of these areas for improvement.

In addition to dedicated cleaning staff, nursing and care staff also completed cleaning duties. The inspector found that further detail was required in some of the cleaning schedules to outline the specific cleaning arrangements for equipment used by residents. Schedules were also required for the cleaning of the vehicle used by residents and the washing machine, and for replacing equipment used for a limited time.

There was a good stock of cleaning chemicals with associated safety data sheets. However, the maintenance of cleaning equipment required improvement, as some

mops buckets and a machine used to clean floors were unclean.

There was adequate hand washing facilities, and good arrangements for the management of soiled laundry and waste, including infectious waste.

The person in charge had developed detailed plans to manage potential outbreaks of COVID-19. The plans had been reviewed following a recent outbreak, and included arrangements, such as access to PPE, escalation, donning and doffing of PPE, maintaining staffing levels, and cleaning. The plans also included guidance on residents' needs if self-isolating, however, the guidance required further personalisation. The plans also required more consideration to encompass other potential infections beyond COVID-19.

Regulation 27: Protection against infection

The registered provider had developed and implemented good systems and processes to prevent, control, and protect residents from the risk of infection. Residents were receiving care and support in line with their assessed needs, and the inspector observed practices which were consistent with the national standards for infection prevention and control (IPC) in community services. However, improvements were required to strengthen the IPC procedures and meet optimum standards.

The provider had good IPC structures and made resources available to the centre as required. There was a COVID-19 committee, COVID-19 lead representatives, and recently appointed IPC leads. Staff working in the centre were trained in infection prevention and control (IPC) precautions and measures, and had a good understanding of the IPC matters discussed with the inspector. The provider had prepared written policies on IPC matters which were readily available for staff to refer to. Staff also had access to IPC and COVID-19 guidance issued from public health and the provider.

The person in charge and provider had good oversight of IPC in the centre, and had conducted relevant audits and risk assessments to identify IPC hazards and areas for improvement, however, some risk assessments were found to require further development. A recent COVID-19 outbreak had been managed well and in line with the plans, however aspects of the plans required expansion.

The providers arrangements for consulting with residents required enhancement to adequately demonstrate how residents were consulted with.

Some areas of the premises and equipment required cleaning and attention to mitigate infection hazards. The cleaning schedules also required enhancement to ensure effectiveness.

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 Dunavon OSV-0001707

Inspection ID: MON-0035750

Date of inspection: 27/07/2022

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: Response:</p> <ol style="list-style-type: none"> 1. Easy read plan for residents Easy read book for the Resident’s activities linked to personal goals & easy read individualized and personalized booklets for isolation (COVID) will be completed by 28/08/2022. 2. Risk Assessment Risk Assessment for staff working with MRSA & Legionella is now in place and completed 16/08/2022 3. Cleaning Schedule <ol style="list-style-type: none"> a) 1 wheelchair with fabric damage - Referral made and resident is on a priority list for Wheelchair to be repaired - To be Completed by 30/10/2022 b) Checklists in place for Wheelchairs, Commode, Nebuliser, Blood Pressure Cuff, Washing Machine, Floor Mops & Mop Buckets Cleaning of Sensory Room completed & mat with hole in fabric been taken out. Cleaning of Bathroom Fan completed Guideline for Cleaning Surfaces - HSE cleaning guidelines inputted into new folder Cleaning schedule for Unit Vehicles – All of the above completed 16/08/2022 4. General Maintenance <ol style="list-style-type: none"> a) Skirting Boards, floor in downstairs hallway, rusty radiator & grab rails, damaged bathroom storage unit – Referral sent to maintenance 16/08/2022. To be completed by 30th October 2022 b) Garden Furniture – to be replaced or refurbished – Referral sent to maintenance 16/08/2022. To be completed by 30th October 2022 c) New kitchen chairs now in place - completed 17/08/2022 	

5. Self- Assessment ICP Tool – to be updated every 12 weeks
Completed 22/08/2022 & reminder in daily diary to update.

6. Covid Outbreak Plan - The Covid Outbreak Plan has been expanded to include other infections as well as Covid. The plan also reflects a more personalized guide for each of the residents should they need to be isolated for Covid or any other infection.
Completed 25/08/2022

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	30/10/2022