



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

Issued by the Chief Inspector

Name of designated centre:	Cluain Alainn
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	05 September 2022
Centre ID:	OSV-0001987
Fieldwork ID:	MON-0036020

About the designated centre

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

The designated centre provides residential short breaks (respite) to a maximum of five children or a maximum of six adults, whose primary disability is an intellectual disability. Cluain Alainn is a dormer bungalow situated just outside Kildare Town. The house includes a living room, kitchen-dining room, utility room, a sensory room, six bedrooms, a bathroom, sluice room and an office, toilet and bedroom for staff. There is a large garden out the back of the house with a play area which includes a trampoline, wheelchair swing and playhouse with slide. A minibus is provided to assist residents attend their day service, school and social activities throughout their stay. The person in charge is a clinical nurse manager and is employed full-time in this centre. Social care workers, social care assistant and nurses are employed in this centre to support service users during their stay.

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
Monday 5 September 2022	14:00hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the registered provider had in place for the management of infection prevention and control and the risks relating to healthcare-associated infections. During the course of the inspection the inspector met and spoke with service users, the person in charge and staff members. In addition, the inspector spent time reviewing documentation and observing the physical environment of the designated centre to determine the 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 with the National Standards for infection prevention and control in community services (HIQA, 2018).

Five adult service users arrived in the late afternoon to commence their respite stay in the house. Staff members arrived shortly beforehand to prepare the house for their arrival, and had made a chicken curry which all service users enjoyed when they got in. Staff were available to support mealtime, including providing support to service users to eat at their own pace. After the dinner, staff used a wall board with pictures to give each person a day to choose their preferred meal during the week. During the inspection, the inspector observed residents colouring, playing with staff in the garden, watching television, or relaxing in their bedroom listening to music.

The inspector observed a relaxed atmosphere in the house and the residents appeared content. Some residents commented that they were friends with others who usually attended the service with them. Staff spoke to, and about, residents with respect and dignity, and there was a good rapport between support staff and the service users.

This designated centre consisted of a two-storey house on the outskirts of a town in County Kildare. Service users had a single private bedroom each during their stay, which were simply decorated and furnished to be suitable for either children or adults. While bedrooms were spacious and comfortable, some improvement was required to address deficits in maintenance and upkeep. The provider had ensured that service users with additional support needs were accommodated in bedrooms suitable for those needs, for example rooms with ceiling hoists, specialised beds or doors leading outside to exit quickly. Residents had access to a sitting room, large dining room, and a private enclosed garden with swings, a jungle gym and trampoline. A sensory room was available at the rear of the premises with lights, projectors, bubble machines, padded mats and a ball pit.

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 in respect of infection prevention and control.

Capacity and capability

The inspector found evidence indicating how the registered provider maintained oversight and reporting structures to identify deficits in infection control practices, and educate staff on the skills and competencies required to keep themselves and service users safe. Some improvement was required to ensure that risk controls identified by the provider in their assessments were implemented in practice, and that service quality auditing was effective in bringing about improvements in a timely fashion.

The front-line staff were facilitated to attend a suite of online courses related to good infection control practices in community health and social care settings, including protocols for hand hygiene, breaking the chain of infection and proper use of personal protective equipment (PPE). While there were some gaps identified in staff attending these courses, or completing refresher training, the person in charge had a means of identifying staff members who had not completed these, or who were due to attend refresher courses. A member of the team had been identified as the infection control lead for the house, who had attended additional training and upskilling sessions for the role. Their duties included composing cleaning chemicals for surfaces and floors, and presenting at team meetings the most recent changes and good practice required in the service.

An audit of the provider's compliance with infection control regulations and standards was carried out in February 2022. This audit had identified actions required to come into compliance, including maintenance of the environment, ensuring staff were up to date on training, and ensuring that infection control guidance was up to date. While the works required were clearly described, some of the actions had no date for progression agreed, and actions remained outstanding at the time of this inspection. Updates or progress on these regulatory actions were not discussed in the provider's most recent quality and safety report in August 2022.

The provider had a risk register in place which included assessment, risk rating and control measures of risks related to infection control and general housekeeping. The risk controls described were appropriate for the size and layout of the designated centre, and the inspector observed evidence to indicate that many of the risk controls were practiced, such as routine pest control inspections, guidelines for managing laundry, and practices related to the safe handling of food. However, a number of risk controls described in the risk register had not been implemented in practice. For example, there were no guidelines available to staff related to effectively cleaning and disinfecting equipment, or for safe disposal and management of waste. While risk controls specific to COVID-19 were detailed, there was limited to no risk assessment of any other healthcare-associated infections, such as Norovirus, Influenza, Legionellosis, or *Clostridioides difficile* (C.diff).

Infection control matters were a standing agenda items for team meetings, and the inspector was provided evidence on how the local and provider-level management stay up to date on the most recent national recommendations for good infection

control measures. There were appropriate on-call and deputation measures in effect for staff in the event that an infection risk arises when the person in charge is absent. Many of the items referenced in this report were known to the person in charge, who was recently allocated to this centre from another service in the provider group, and they discussed with the inspector their plans for rolling out improvements to guidance and oversight measures in the coming months.

Quality and safety

In the main, the environment of the designated centre was clean and staff practices were appropriate. However, some improvement was required in the oversight of equipment management and cleanliness, and in the timely progression of maintenance deficits.

The provider advised the inspector on arrival that the service had been closed for the preceding week, and that the service users arriving in the afternoon would be the first service users attending respite since that break in service. The provider used the break to schedule works for maintenance, repair, painting, deep-cleaning and wear-and-tear issues around the premises. The person in charge provided a list of works required to the facilities team, and some areas of the service had been freshly painted and cleaned, with curtains being laundered and new cleaning cupboards being installed.

However, despite the service being closed to address required maintenance work, and despite the inspection taking place before service users and staff members started using the house again, a number of areas were not clean or remained damaged or unpainted. Observations included, but were not limited to, the following:

- While bathroom walls were recently painted, radiators in bathrooms were rusted and flaking. Toilet support rails were also rusted.
- Bedroom wardrobes were damaged with peeling surfaces and missing handles.
- Storage space in some areas was limited, requiring items to be stored on the floor, or in resident bedroom wardrobes.
- The carpet in one bedroom was worn out. In a second bedroom, the floorboards were damaged with gaps.
- The walls in a resident recreational space required repainting from general wear and tear.
- The blinds in one resident area were visibly dirty.
- Some high surfaces were thick with dust and cobwebs, including bathroom shelves and extractor vents.
- A shower chair had a substantial amount of hair tangled in the wheels.

Staff were observed to be wearing PPE in accordance with the most recent national recommendations. Where additional PPE was required, for example in bathrooms

during intimate support, staff had ready access to same.

Improvement was required in availability of hand hygiene equipment, with some hand sinks lacking any soap or paper towels. There was a lack of dispensers for hand sanitiser, including at the entrance to the centre, or near the areas in which medicines and medical equipment would be handled.

Cleaning equipment such as mops and buckets were clean, dry and ready to be used on the next round of housekeeping. Staff filled a sheet identifying when parts of the house had been last cleaned. A vehicle used by the designated centre was also observed to be clean.

As service users were not primarily supported by this respite service, the service had not been involved with them receiving vaccinations against COVID-19 or seasonal flu, however the person in charge was aware of who was or was not vaccinated prior to their arrival, as well as other potential infection risk such as residents who used devices for feeding or checking bloods, and could arrange nursing support during their stays where required. The staff had accessible information on the basic of COVID-19 and how residents could stay safe.

Cupboards and fridges for storing medicines were clean and tidy. However, improvement was required in the oversight of medical equipment. The inspector found examples of sterile or single-use equipment such as gauze packs or medical tubing which was more than a year beyond the date by which it would be safe to use. A sharps bin for safely disposing items such as needles and lancets was kept on a high shelf with the lid wide open, creating a potential serious injury risk. The inspector found a number of shared-use items such as oral syringes, medicine cups, an ear thermometer and blood pressure cuff which were not clean and which were stored among clean and sterile stock. It was not clear how this equipment was being monitored as it did not feature in any periodic checks or audits.

Regulation 27: Protection against infection

The inspector spoke with management, front-line staff, and residents, observed environmental appearance and practices, and reviewed records of ongoing safety checks, audits, and risk reviews. There was evidence found to indicate how the registered provider was reviewing the service and ensuring safety of staff and residents from the ongoing COVID-19 pandemic. In the main, the adherence to day-to-day practices and procedures by the front-line staff was appropriate, and residents were safe from active risks.

However, a number of actions were identified by the service provider and by the inspector to come into compliance with Regulation 27 and with the National Standards for Infection prevention and control in community services (HIQA, 2018). There were gaps in risk assessments and in the implementation of control measures for some risks related to healthcare associated infections, with little reference to infection risks not related specifically to COVID-19. Maintenance and painting works

around the centre had not been completed in a timely fashion. Improvement was required in the oversight of medical equipment to ensure that it was clean, safe and ready to be used. Review was also required to ensure effective hand hygiene could be practiced.

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 Cluain Alainn OSV-0001987

Inspection ID: MON-0036020

Date of inspection: 05/09/2022

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">• Radiators will be replaced in bathrooms where required by the mid November 2022.• Toilet support rails will be replaced by mid November 2022.• Damaged bedroom wardrobes will be replaced by March 2023• Storage space will increase in required areas by December 2022• The carpet in one bedroom will be replaced by the end of December 2023.• In a second bedroom, the floorboards will be replaced by Mid November 2022.• The walls in the sensory room will be repainted by the end of December 2022.• The blinds have been cleaned by the 13th September 2022.• High surfaces were cleaned by the 13th Septmeber 2022.• Shower chair was cleaned by the 13th Septmeber 2022. <p>Risk assessments for some risks related to healthcare associated infections will be reviewed and updated by the end of October 2022.</p> <p>Additions to the cleaning checklist were completed on the 12th September and discussed at the staff team meeting on the 12th September 2022.</p> <p>Nurse being designated to take responsibility for storage medical equipment on the 9th September 2022.</p> <p>Hand hygiene practices will be updated by the 16th September 2022.</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	31/12/2023