

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

Issued by the Chief Inspector

Name of designated centre:	Morell
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	28 February 2023
Centre ID:	OSV-0001989
Fieldwork ID:	MON-0039124

## About the designated centre

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

The designated centre provides full time residential services to five adults over the age of eighteen years with an intellectual disability. The centre is a two-storey house situated on the outskirts of a large town in Co. Kildare. The property consists of a detached house which is split into two sections, one section can accommodate three residents and the other is a single-occupancy apartment. There is a second apartment which is adjacent to the main house that can accommodate one resident. One section of the main house contains a lounge area, a kitchen, a utility room, bathroom, an office and one bedroom. The other section of the house contains a living room, a kitchen and four bedrooms, two of which are en-suite. Both sections are divided by a code-locked door. The apartment contains a kitchen and living area and a bedroom with an en-suite shower room. To the back of the house there is a garden which contains a decking area. Residents are supported by social care staff during the day and overnight.

**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
Tuesday 28 February 2023	10:45hrs to 17:20hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

During this inspection, the inspector of social services met the residents and members of their support team, and had an opportunity to observe some of their routines and their living environment in the designated centre.

During the day residents were busy and active at home and in the community. Two residents left in the late morning to take care of and ride horses, and chatted to the inspector about their enjoyable time later. Residents were supported and facilitated to walk or cycle in the local area, going to the shops, the library or swimming pool. Some residents were in paid employment and were at their jobs during the day, and briefly spoke with the inspector on their return. Residents at home showed the inspector some of the work from their hobbies such as jigsaws and artwork. One resident proudly talked about their work and progress in their martial arts training.

The residents' home was appropriately personalised, decorated and of a suitable size to support their needs and interests. Two residents had their own apartment and living room, and were supported to independently maintain and clean their space with limited or no staff assistance per their assessments and wishes. Some residents enjoyed space to work on their activities and hobbies such as making models and woodworking. While the inspector observed some areas of improvement required in cleaning and maintenance of the house, referred to later in this report, these primarily related to repairs and replacement of damaged or worn furnishings and environments, with the residents and their support team being diligent in meeting their day-to-day responsibilities.

Residents were provided guidance on their role in keeping themselves and their peers safe from infection risks through education on hand hygiene, use of personal protection, and staying safe in the community. Where some residents had contracted infection requiring them to self-isolate, they had done so effectively. Residents had been supported to understand and make informed consent regarding their vaccinations.

Throughout the inspection, the inspector observed friendly and respectful rapport between residents and their support team. Residents were encouraged and facilitated to exercise their independence and positive risk-taking in the community. Residents were supported to maintain privacy in their home and develop their independent living skills in cooking, cleaning, laundry and waste management in line with their capacities and preferences.

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

## Capacity and capability

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

The inspector found examples of how the service provider was keeping the subject of infection control under review. The provider had composed an infection control steering group, who met regularly to discuss latest updates and national guidance, to disseminate this information to the management of designated centres. At a local level, the person in charge conducted a self-assessment every three months of compliance with infection control standards, and had accounted for the findings of these assessments in the most recent annual report in November 2022. These routine audits had identified some items observed during this inspection, such as areas of the environment requiring repair, and gaps in staff training.

A member of the front-line staff team had been nominated as the infection control leader for the house. The inspector was provided evidence to indicate what their duties in this role were, and what additional training they had undertaken to lead the team in this regard. The front-line team as a whole were required to attend training in subjects including proper use of personal protective equipment (PPE), hand hygiene, effective cleaning, cough etiquette, and breaking the chain of infection. While much of this training had last been undertaken three years ago at the start of the COVID-19 pandemic, the team had attended this required training with minor gaps, which had been identified by the person in charge in their tracking system.

Some of the suite of policies, procedures and guidance for the team required review to ensure they were up to date in reflecting current national recommendations, and changes in provider practice. For example, a number of protocols available to the team had not been updated since 2020 and referred to matter such as restricting visits to the house, staff temperature checks, and social lockdowns. Other procedures had not been updated to remove reference to practices which had been discontinued, such as some of the infection control leader's duties and staff wearing enhanced PPE in daily use.

The provider had suitable and centre-specific risk control measures related to COVID-19, including how staff would be supplemented in the event of absences, and how residents would be supported in the event they were required to isolate. Risk assessments and control measures were almost entirely focused on COVID-19, with limited assessment or staff guidance on other potential healthcare-associated infections, such as *Clostridioides difficile* (C.diff), methicillin-resistant staphylococcus aureus (MRSA), influenza, norovirus or legionellosis. The annual report advised the staff team to be vigilant of symptoms of other illnesses, but there was no further

guidance available on what these were.

## Quality and safety

Overall, there were some areas in need of improvement in regard to environmental upkeep and implementation of risk controls and staff protocols, however the day-to-day practices and procedures observed being followed by the staff team and the residents were effective in keeping themselves and the house safe.

The staff team maintained a record of what had been cleaned and how often it was required. Overall the staff and residents had kept the house in a good state of cleanliness. However some areas of the house had damaged, peeling or worn surfaces which did not facilitate effective cleaning and disinfection of surfaces. This included, but was not limited to, the following examples:

- badly worn wood flooring in halls and bedrooms,
- cracks in paint and plaster along walls,
- minor holes in one ceiling,
- peeled edging in shower wet-room resulting in mildew build-up,
- peeling surfaces on bathroom cabinets,
- wear and tear to kitchen cabinets,
- flaked paint on windowsills,
- blinds and curtains which were not clean,
- unused shower equipment observed to have a substantial build-up of mildew.

The inspector observed appropriate practices in how household waste, food items, laundry and sterile stock was managed. The provider had an arrangement in place for periodic pest control inspections to ensure there was no risk. Food items were labelled to indicate when they had been opened so they could be disposed of when no longer safe. Areas in which medicines were stored were clean, and sterile stock was all within its use-by date. Staff were observed following proper use of PPE and hand hygiene opportunities. The house had a sufficient stock of paper towels, face masks, tissues and cleaning cloths, as well as pedal-operated bins for hands-free waste disposal.

In the main, the staff guidance for cleaning and disinfecting surfaces, floors and equipment was identified, with some minor examples in which staff described practices for cleaning surfaces, and practices for disinfecting cleaned surfaces, as being interchangeable. There was a lack of evidence to indicate that mop heads were being laundered after the day's use. Some of the provider's risk control measures had not been implemented in the house. This included ready availability of soluble bags for laundering soiled items, spill kits for managing hazardous materials, or guidance for staff in the management and disposal of chemicals such as detergents and bleaches.

Residents had been appropriately educated on staying safe during the COVID-19

pandemic and doing their part in keeping their home clean and safe for themselves and their housemates. All residents had been supported to make informed consent on their vaccinations. Information which would travel with residents if they were to be admitted to hospital communicated concise and up-to-date information on their history with infections and vaccines.

## Regulation 27: Protection against infection

The inspector spoke with 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. Infection control was a standing item in provider level discussions and local service review.

A number of actions were identified as required to come into compliance with Regulation 27 and with the National Standards for infection prevention and control in community services (HIQA, 2018). Repair, replacement and repainting work was required around the house to optimise the ability of the front-line team to effectively clean and sanitise surfaces and fixtures. Some review was required to ensure that policies, procedures and staff guidance was kept up to date to reflect current national recommendations and provider practice changes. Some development of risk assessment was required to ensure staff had suitable guidance on managing hazardous chemicals and identifying and responding to potential infection risks outside of COVID-19. Some review was required by the provider to demonstrate how they were overseeing and verifying that risk controls and good practice were implemented in practice, including the management of cleaning tools and materials, availability of equipment, and consistent following of staff guidance and best practice.

However, in the main, the adherence to day-to-day practices and procedures by the front-line staff was appropriate, and residents were supported to stay safe and involved in matters related to their home, their health and their routines.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

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

# Compliance Plan for Morell OSV-0001989

Inspection ID: MON-0039124

Date of inspection: 28/02/2023

## 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"> <li>• Fire droos are due to be installed in this location prior to the end of 2023.</li> <li>• Cracks in paint and plaster along walls and ceiling will be repaired by the end of December 2023 after fire doors have been installed.</li> <li>• Wood flooring in halls and bedrooms will be replaced or repaired by the end of December 2023 after fire doors have been installed.</li> <li>• New carpets on landing and staff office will be in place by the end of August 2023.</li> <li>• Shower room, shower door, new floor covering and vanity unit will be completed by the end of June 2023 in required bathroom.</li> <li>• Wear and tear to kitchen cabinets will be reviewed by an external company and a plan to address the issues completed within 6 months.</li> <li>• Flaked paint on windowsills, will be addressed by the end of December 2023.</li> <li>• Blinds and curtains will be replaced by the end of August 2023.</li> <li>• Shower equipment cleaned and on shift plan for regurlar cleaning.</li> </ul> <p>An old folder which had out of date materials related to COVID 19 was archived. All staff reminded to use online versions of policies and procedures at all times at staff meeting in March 2023.</p> <p>Mop heads are cleaned after each day's use. This is documented on the shift plan as of February 2023.</p>	

Soluble bags are available in this location and all staff made aware of this.

Spills kit available in this location from February 2023.

All staff refreshed on the infection control policy which includes disposal of chemicals such as detergents and bleaches at staff team meeting in April 2023.

**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2023