



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 6
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	04 February 2022
Centre ID:	OSV-0002701
Fieldwork ID:	MON-0035697

About the designated centre

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

Community Living Area 6 offers support breaks to six adults over the age of eighteen years with an intellectual disability. No more than two residents can be accommodated at a time. The residents in the designated centre are supported by their family members who are their primary carers. The centre also provides temporary emergency placements when the respite service is not open. The house is a three bedroom bungalow in a rural setting. The residents have use of a large bedroom and there is a main bathroom. There is access to a large sitting room and kitchen/dining room. Residents are supported by social care workers and care assistants during the day and night. A car is available for the designated centre to promote community participation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
------------------------------------------------	---

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
Friday 4 February 2022	09:00hrs to 17:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

Community Living Area 6 offers support breaks to six adults over the age of eighteen years with an intellectual disability on a rotational basis. Prior to COVID-19, no more than two residents were accommodated at one time. The centre has been operating at a reduced capacity since reopening in April 2021, so only one resident was being accommodated at any one time. The designated centre is a shared service; one service user avails of a day service Monday to Friday with a separate staff team and manager during day hours. Respite users attend the centre in the evenings and weekends and travel to their respective day services midweek, vacating the building for day services to resume.

There was a clear and comprehensive pre-admission and admission process in place prior to respite users availing of respite in the centre. Respite was determined on the basis of clear criteria, and as respite users attended the centre directly from day services, the temperature and symptom checks for respite users were carried out in advance of visiting the centre. This acted as an additional control measure in reducing the risk of COVID-19 transmission in the centre.

This was an unannounced inspection to assess if infection prevention and control practices and procedures within this designated centre were consistent with relevant national standards. As respite users did not attend the designated centre during the day, the inspector did not meet with any respite users or staff members. However, the person in charge facilitated the inspection and provided the inspector with information regarding the infection prevention and control measures in place in the centre.

The inspector observed that there were adequate hand sanitising gels and COVID-19 related signage visible on arrival at the centre, whilst the entry also provided a homely and welcoming environment for respite users. Upon entering the designated centre, the inspector was directed to sign into a visitors' log and to perform hand hygiene, temperature check and don an FFP2 face mask.

In light of not being able to meet with any respite users, the inspector sought the views of respite users from records maintained within the centre. To ensure oversight of the centre, the provider had been carrying out annual reviews and six-monthly unannounced visits as required by the regulations. Such visits focused on the quality and safety of the service provided. For example, the most recent annual review of December 2021 included the views of residents and families. One respite user participated in the service user feedback questionnaire and indicated that they were very happy with the service and that they really enjoyed their time in respite and always looked forward to their next stay. In addition, the respite user complimented the service on installing a new television in the bedroom they use while staying in the centre.

A family questionnaire was also sent to family members as part of the provider's

review with a 33% response rate. Again, feedback was positive, and families confirmed their satisfaction with the quality of care and support that their family member receives. There were a number of photographs of the respite users enjoying their stay in the communal areas of the centre.

A team of social care workers supported respite users, and due to the service only accommodating one respite user at a time, respite users had one-to-one staff support. Housekeeping duties were the responsibility of staff on shift; however, the inspector found that household duties required further clarification and strengthening due to the dual function of the centre and the separate staff teams. For example, it was not clear from the cleaning checklists the breakdown of responsibilities between the two separate services.

The centre had a vehicle that respite users could use to attend outings and activities. There was a cleaning protocol in place for the vehicle; vehicles were to be cleaned and disinfected after each use. Gaps in the documentation were identified for the cleaning of the vehicle as records were spread between the house, vehicle and also filled in by staff from the day services that the respite users travelled from.

In summary, based on the observations of the inspection, some improvements were required in some areas of infection prevention and control, particularly regarding risk management and division of the cleaning tasks. It is important to note that as a result of the effectiveness of the infection prevention and control measures that the provider had implemented, no outbreak of Covid-19 had occurred in this centre.

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 requirements of Regulation 27 and the procedures based on the National Standards of infection prevention and control in community services (2018) were mostly met by this organisation; however, some improvements were necessary for full compliance. Although much of these arrangements had proved effective, this inspection did identify where some improvements were required to aspects of risk identification, cleaning arrangements, and the overall monitoring systems in place concerning infection prevention and control.

The person in charge was appointed in March 2021 and met the professional and experience requirements of the role. There were clear lines of accountability and responsibility in relation to the overall governance and management arrangements within the centre. However, due to the shared services aspects of the building, the inspector found that further strengthening was required in the governance, communication and overall division of responsibility for infection, prevention and control matters in the centre. Two separate staff teams reported into two managers,

making it unclear who ultimately had responsibility for implementing and carrying out infection prevention and control measures.

There were sufficient staff on duty to support respite users to meet their needs. In addition, these staff had been supported to access a range of training in infection prevention and control. The training matrix reviewed identified that all staff had completed training in the national standards for infection, prevention and control in community services, hand hygiene and breaking the chain of infection. Hand hygiene assessments were also completed for all staff by a registered nurse within the organisation. The assessment tool captured the staff member's knowledge of the hand hygiene policy, the staff's health and safety responsibilities and the technique of the five moments of hygiene.

The person in charge also ensured that up-to-date information, guidelines and policies relating to COVID-19 were available in the centre. The most recent guidance from the Health Protection Surveillance Centre was available for staff. From reviewing a sample of the minutes of staff meetings, the inspector saw that any changes or updates regarding COVID-19 related policies and guidelines were explained and discussed with staff. The provider had out-of-hours and on-call arrangements in place, the on-call arrangements were clear and readily accessible to staff in the centre.

The person in charge attended meetings with the regional director, the local manager and other persons in charge from the same organisation on a monthly basis. These meetings were used as a platform for shared learning and discussion regarding service developments in implementing standards for the prevention and control of healthcare-associated infections. The provider recently appointed an infection prevention and control sub-committee to oversee the effectiveness and quality of the infection prevention and control practices. This sub-committee was still in its infancy of operation, but there was evidence of findings from other inspections being implemented in the designated centre. For example, cleaning checklists had been amended so that they were specific to the requirements of the individual house. In addition, an infection prevention and control audit had been designed but was yet to be rolled out at the time of the inspection.

In response to the COVID-19 pandemic, the provider implemented a number of risk assessments to support the measures that were implemented to mitigate the respite users' risk of infection. However, although these risk assessments were subject to regular review, there was some duplication in these documents, which impacted the provider to identify the specific risk currently being monitored clearly. For example, there were 17 different risk assessments relating to COVID-19, but the shared services' risk was not identified. Furthermore, there was no overall infection prevention and control risk assessment available to support the person in charge overseeing and monitoring good infection prevention and control practices specific to this centre. For example, from reviewing the assessed needs of residents, there were some infection prevention and control risks identified that had not been reviewed as part of the risk management process.

Quality and safety

The provider had measures in place to ensure that the wellbeing of respite users was promoted and that respite users were kept safe from infection. Overall, there was evidence that a good quality and safe service was provided to respite users. However, improvements to some processes and record keeping were required to ensure that they were consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

The centre had a specific COVID-19 response plan in place. This document was intended to effectively guide staff on how to respond in a number of different scenarios and phases of an outbreak in the centre. Reviewing the document, the inspector determined it required additional specific information that detailed the protocols on how to deal with a suspected and/or confirmed case of COVID-19, plans for isolation, and how to deal with close contacts of a suspected or confirmed case COVID-19. Key personnel details, phone numbers and staffing contingency plans were also missing from the document. However, the inspector was satisfied from speaking to the person in charge that they were aware of the procedures to follow in the above events.

Each staff member and respite user had their temperature checked twice daily as a further precaution. The person in charge had also identified an area for staff to don and doff PPE and isolate should they become unwell while on duty. The recording of staff temperatures was entered onto an online system which alerted management to any elevated temperatures. However, it was unclear if management were alerted to missing temperatures as part of the review process to ensure adherence to the temperature recording policy.

The service had a colour coded mop and bucket system in place, and the person in charge spoke to the inspector regarding the expansion of this system to include colour coded cleaning cloths. The purpose of having such a system was to help staff to clearly identify which equipment should be used when completing cleaning tasks in different areas of the house. This practice supported staff to minimise the risk of the transmission of potential infections. The person in charge clearly explained this system to the inspector and discussed which item would be used in which area of the centre.

The inspector completed a walk-around of the centre both internally and externally, and for the most part, the centre was found to be visibly clean and well-maintained. One toilet out of order required a new cistern; however, the inspector noted that the toilet had stopped working only in recent days, and a maintenance work request was in progress. The person in charge explained that the maintenance request system had moved to an online system that would better identify prioritised areas of repairs through a risk rating system compared to the previous system. The bathrooms and kitchen area had disposable hand towels and sufficient hand soap and sanitiser supplies. All applicable areas had waste bins; however, as these were not pedal-operated to avoid contaminating washed hands, these required replacing

with non-hand operating bins.

Respite users brought their own laundry and bedsheets on their support breaks, and these were washed at 60 degrees before returning home. The laundry room was used by both respite and day services staff. The laundry room was not spacious enough to store the bath chairs contained within, and when the inspector pulled these items out, the floor was dirty and dusty. The inspector found that the division of cleaning duties required clarification in this area as both shower chairs fell under the responsibility of two different teams. While one appeared clean, it was stored against a shower chair that was not maintained in the same condition impacting the decontamination processes.

The provider had a water management system in place as a preventative control measure in relation to water-borne infections. This included the flushing of all water outlets for a specific duration each week and the disinfection of showerheads on a quarterly basis to prevent the presence of Legionella bacteria. Nevertheless, the documentation for these checks were not available during the inspection for the inspector's review.

Daily, monthly and quarterly cleaning schedules were in place, and the cleaning of this centre was the responsibility of the staff on duty. External contractor cleaners completed quarterly cleaning to allow greater time to clean items such as Venetian blinds, skirting boards and windows. The person in charge was able to explain the type of disinfectant used and contact time for effectiveness. However, some improvements were identified relating to the cleaning of high touch point cleaning, which would enhance the overall cleaning arrangements for this centre. For instance, on review of twice-daily touch point cleaning and disinfection records to include door handles, light switches, keyboard, mobile phones, kitchen table and chairs, these were only signed and dated on eight dates since October. In addition, the inspector observed the dining room chairs to have not been cleaned in some time; hence the practice of high touch point required auditing for oversight and improvement in order to support the prevention of infection transmission.

Regulation 27: Protection against infection

The provider had introduced a number of systems and processes which supported and guided good infection prevention and control practice. Staff supports were in place to meet the respite users' needs and safely implement infection prevention and control measures. All staff had completed up-to-date training in areas including infection prevention and control, hand hygiene, and donning and doffing. Many areas of the premises and the environment was visibly clean and well maintained.

However, the inspector found various areas where cleaning and documentation practices required improvement, and which had not been identified by the provider, including:

- The division of cleaning responsibilities and oversight required clarification, and the

checklists used to provide assurance of twice-daily high touch cleaning of the centre was not in evidence.

- The system in place for identifying and mitigating potential and actual infection control risks in the centre required expansion to include potential healthcare-associated risks and shared services.
- The bins in the centre were hand operated impacting hand hygiene practices.
- There was wear and tear on armchairs and dining room chairs, which impacted the effective cleaning and disinfection of these items.
- Contingency plans required review to ensure these adequately guided on the specific response to be implemented, should an outbreak of infection occur at this centre.
- Evidence of completed Legionella prevention measures was not made available to the inspector.
- Current monitoring systems did not include an effective review of infection prevention and control practices, specific to this centre.

As a result of these gaps and non-adherence's, the provider had not fully demonstrated that they were ensuring they had implemented the national standards for infection prevention and control in accordance with regulation 27.

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 Community Living Area 6 OSV-0002701

Inspection ID: MON-0035697

Date of inspection: 04/02/2022

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>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 prevention and control of healthcare associated infections as published by the Authority.</p> <p>There are now clear reponsabilities and oversightsight in relation to the operation of this shared service. The person in charge now meets with the day service manager monthly. There is a system in place for identifying and mitigating potential and actual infection control risks in the centre.</p> <p>To improve on standard precaution practice all the bin in the centre have been replaced with foot pedals.</p> <p>A refurbishment plan has been devised and a time frame to replace identified furniture has been agreed. This will improve cleaning and difinfection standards.</p> <p>Following the inspection this designated centre has developed a contingency and outbreak management plan in relation to infection prevention and control.</p> <p>A review of the risk assesssment for legionella prevention has been developed and available at the centre. The cleaning schedule has been reviewed to improve practises regarding Legionella practises.</p> <p>The register provider will ensure the designated centre will conduct audits on a 12 week basis to review infection prevention practices and complete a quality improvement .</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	23/03/2022