



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

Issued by the Chief Inspector

Name of designated centre:	Community Houses Rathfarnham
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Unannounced
Date of inspection:	15 March 2023
Centre ID:	OSV-0004013
Fieldwork ID:	MON-0038944

About the designated centre

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

Community Houses Rathfarnham is a residential designated centre that provides care and support to 11 adult residents with disabilities with complex support requirements. The centre comprises of three houses, all of which are two storey and are located in community residential locations. All bedrooms are single occupancy. All houses have communal kitchens and lounge areas. All three houses have laundry facilities and toilet/shower facilities. The centre provides a 24 hour residential service, seven days a week, 365 days a year. Care and support needs are provided to each resident, based on their individual needs and assessments. The service provides a skill mix of nursing care, social care workers and health care assistants. Additional support is also accessed through local clinical supports as required. The residents in Community Houses Rathfarnham access community services for social and recreational activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
--	----

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 15 March 2023	09:30hrs to 14:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, the inspector of social services found that the provider had effective systems for the oversight of infection prevention and control (IPC) practices in the centre. However, some slight improvements were required to ensure that they were in full compliance with Regulation 27. These areas for improvement related to the premises, staff training, equipment, and some documentation in the centre. These areas will be discussed later in the report.

The designated centre comprises of three two-storey houses in the community, in South County Dublin. It is home for to up to eleven residents. There were ten residents living in the centre at the time of the inspection and the inspector of social services had an opportunity to meet four of them during the inspection.

On arrival to each of the three houses in the centre, the inspector was directed by staff to an area of the house where hand sanitiser, a visitors book, a thermometer, and personal protective equipment (PPE) were available. Throughout the inspection staff were observed to be wearing the correct level of PPE in line with the latest public health guidance. There was a warm and welcoming atmosphere in each of the houses visited.

In the first house there were two residents at home when the inspector visited. There were three residents living in this house but one resident had just left to attend day services. In the second house visited one resident was having a lie on and the other three residents were at day services. The house appeared clean, warm and comfortable. In the third house two residents had just arrived home after being out for the morning. A cleaning company had completed a deep clean in their house that morning and they had gone out for a drive and to have a coffee.

Two residents spoke with the inspector about their jobs in the local community and about how much they enjoyed working. They spoke about travelling independently to their job, and about their favourite activities to do when they were not working. For example, one resident spoke about how much they enjoying going on day trips with staff when they were not working. Another resident excitedly spoke about a new job they were going to start. They described where it was and how much they were looking forward to it.

Throughout the inspection, residents were observed chatting and laughing with staff. One resident spoke to the inspector about their plans for visiting their family at Easter, and another resident spoke about a recent holiday they had enjoyed. The spoke about getting the train and about some of the activities they had enjoyed on their holiday. They also spoke about a holiday abroad that they were looking forward to later in the year. They spoke about how much they were looking forward

to going there on a boat and to spending time exploring the area they were staying in.

One resident spoke about their plans for St. Patrick's day. They were planning to have a fry for breakfast and then to go see a local parade. They also spoke about looking forward to going to the pub for a pint and a snack. A number of residents who spoke with the inspector said that they were happy in their home and with the supports of the staff team. One resident said "we have the best staff team". They spoke about keeping their home clean and tidy and about the steps they take to keep themselves safe from infections. These included checking their temperature and washing their hands regularly. During the inspection residents were observed to prepare meals and snacks independently, and to wash their hands before handling food.

In each of the houses visited a number of works had been completed and new furniture had been purchased since the last inspection. These works and new furniture had contributed to the houses appearing more comfortable. It had also resulted in surfaces and furniture that was more easily cleaned. A number of residents had new beds, new pillows and duvets, new wardrobes, and other pieces of furniture for their home. Residents were supported to take part in vaccine programmes and prior to taking part they were provided with information about the vaccines. This information was available in an easy-to-read format should they require it.

The charter of rights was on display in the houses and one resident spoke about being a member of an advocacy group. They described how much they enjoyed these meetings and advocating for themselves and others. Another resident spoke about the complaints process and about who they would talk to if they had any concerns. At all times during the inspection residents appeared content and comfortable in their home, and in the presence of staff. They were observed to spend their time in their preferred spaces including communal areas and their bedrooms.

The person in charge was on leave on the day of the inspection and two clinical nurse managers facilitated the inspection. They were both found to be familiar with residents' care and support needs and to be motivated to ensure that each resident was happy and safe living in the centre.

A number of staff spoke with the inspector about some of the infection prevention and control (IPC) practices and procedures in the house. This included the cleaning cloths and mops they used, the colour-coded chopping boards, the cleaning schedules and the products used for cleaning and disinfection. They also spoke in general about what they would do on a daily basis to keep themselves and residents safe from infection. For example they spoke about laundry and waste management, and cleaning procedures and protocols.

Throughout the inspection, the inspector observed that staff were available to support residents should they need it. They were found to be very familiar with residents' communication needs and preferences, and warm, kind, and caring

interactions were observed between residents and staff throughout the inspection.

In each of the houses, residents had access to plenty of private and communal spaces. Each house had outdoor garden spaces available. Residents' bedrooms were warm, clean, and decorated in line with their preferences. Residents had soft furnishings, pictures, televisions and their personal belongings on display. A number of residents had been supported to get new beds and wardrobes since the last inspection. There were issues relating to storage for two residents in the centre and the provider was supporting them to make the best of the space they had, or to come up with alternative space should they choose to avail of it.

Each of the three houses were found to be very clean during this unannounced inspection. There were daily, weekly and monthly cleaning tasks identified and records of this cleaning was maintained by staff. Residents had access to transport to support them to access their local community and their favourite activities. There were systems in place to make sure the vehicles were regularly cleaned, including touch point cleaning after each use.

There was a visitors policy in place and it contained information on IPC control measures. In each of the houses there was information available for residents about the designated centre. These included a copy of the provider's annual review, a copy of the latest HIQA inspection reports, the centre's statement of purpose, the residents' guide, the complaints procedures, safeguarding procedures, and a copy of the management structure with photos.

Residents and their representatives views were being captured as part the annual review of care and support in the centre by the provider. In the latest annual review, residents and their representatives were complimentary towards care and support in the centre. Residents described staff as "caring", and "wonderful". They were complimentary towards how staff supported them to enjoy nice meals and referred to how they felt that staff really listened to them. They described feeling grateful and thankful to staff for their support. Residents' representative also expressed their gratitude to staff for the work they do and the supports they put in place for residents.

In summary, residents appeared happy and comfortable in their homes. They were busy doing things they enjoyed, and had things to look forward to. A number of improvements had been made in their homes since the last inspection. For the most part, residents, staff and visitors were protected by the infection prevention and control policies, procedures and practices in the centre. However, a number of improvements were required to ensure that there was full compliance with Regulation 27. These will be detailed later in the report.

The next 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. This will be done under Capacity and Capability and Quality and Safety, and will include and overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall, the provider had systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre. However, as previously mentioned some improvements were required to achieve full compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). These areas related to the premises, staff training, equipment, and some documentation in the centre.

Overall, the inspector found that the provider was self-identifying the areas where improvements were required and implementing a number systems and controls to keep residents and staff safe from the risk of infection. There had been a small number of residents and staff who had contracted COVID-19 since the last inspection. An outbreak report had been developed by the provider and this had identified learning which was shared across the staff team.

The provider had completed an annual and six-monthly reviews in the centre and IPC had been considered as part of these reviews. The actions on foot of these reviews were leading to improvements relating to IPC in the centre. The HIQA self assessment tool was being completed regularly and was found to be picking up on areas for improvement in line with the annual and six-monthly reviews and IPC audits in the centre. IPC was regularly on the agenda at staff meetings and from reviewing a sample of these areas discussed included, cleaning, the use of PPE, temperature checks, visiting, food safety and staff training. The person in charge and clinical nurse managers were visiting the houses regularly, with the clinical nurse managers visiting at least weekly, and the person in charge visiting at least monthly. These visits were documented and from reviewing a sample it was evident that they were consulting with residents about their care and support and their home, and picking up on IPC risks. Action plans were developed as part of these reviews.

The provider had identified a nurse with enhanced responsibilities in relation to IPC. They had been supported to complete additional IPC-related trainings and they were implementing an audit schedule across the centre. The schedule included monthly themed audits. From reviewing a sample of these audits they were found to be comprehensive in nature and to pick up on areas for improvement. The audits identified actions, the person responsible, and the date for the completion of actions. Examples of improvements brought about as a result of these audits and the provider's six-monthly and annual reviews included, sourcing new laundry baskets, the development of laundry guidelines for the houses, the installations of a shower room in one house, works to a number to kitchens, some painting, and the replacement of some furniture. Plans were also in place to refurbish a kitchen, paint a house inside and outside, replace flooring in a house, and get a skip to clear some

clutter from the houses.

There was a risk register and a number of general risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. For example, there were risk assessments for risks associated with, sharps, an outbreak of infectious diseases, food contamination, exposure to chemicals and blood and body fluids. There was information available in residents' plans and in the information folders in the centre in relation to other IPC risks. These included protocols and guidelines. However, there was an absence of risk assessments in relation to IPC risks for some residents. For example, risk assessments related to diabetes management for two residents, and the use of specialist equipment for one resident.

There were policies, procedures and guidelines available to staff to ensure they were aware of their IPC roles and responsibilities in the centre. Staff had completed a number of IPC related training courses. A small number of staff required IPC related-training/refresher trainings.

There were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre daily. Regular agency staff were covering the required shifts. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times. Staff who spoke with the inspector were knowledgeable in relation to their roles and responsibilities and knew who to go to if they had any concerns in relation to IPC.

Quality and safety

Overall, the provider had measures in place to ensure that the residents, staff, and visitors were kept safe from infection. Residents were being kept up-to-date in relation to IPC measures in the centre and the impact of these on their day-to-day lives. However, some improvements were required to the premises and documentation in the centre.

Residents had protocols, guidelines, and care plans in place relating to infection prevention and control risks. However, as previously mentioned there was an absence of risk assessments relating to residents' specific support needs and vulnerabilities.

Residents were being provided with information on IPC in an easy-to-read format. For example, there were posters on display and folders with IPC related information in an easy-to-read format. This included information on standard precautions, viruses, infections, how to keep yourself safe from infection, COVID-19, vaccine programmes, the use of PPE, and the use of antibiotics.

Residents' observations were recorded regularly and the contact details of medical and allied health professionals were available in residents' plans. There were

contingency plan in place should there be an outbreak of infection in the centre. It was detailed in nature and guiding staff practice. There had been a small number of residents and one staff test positive for COVID-19 in the centre in early 2022. A review was completed following this to demonstrate some of the learning and some of the areas where IPC procedures and practices were found to effectively prevent ongoing transmission to other residents or staff in the house. Consideration had been given to antimicrobial stewardship, and there was a template available to log residents' use of antibiotics if required.

As previously mentioned, throughout the inspection staff were observed to adhere to standard precautions and they had completed a number of IPC related trainings. A small number of staff required some IPC-related training/refresher trainings. There were stocks of PPE available and systems for stock control.

Each of the houses were found to very clean during the inspection. As previously mentioned, a number of improvements had been made in the centre since the last inspection and further plans were in place. These will be detailed under Regulation 27. The inspector acknowledges that the provider had recognised that these works were required and that funding had been approved for the majority of these works. There were suitable arrangements in place for cleaning and disinfecting the premises, and for laundry and waste management. There was a washing machine and dryer available in the houses, and residents could do their own laundry if they so choose. There were systems in place to ensure that clean and dirty laundry was kept separate and systems for laundry and waste management in the event of an outbreak of infection in the centre.

There were policies, procedures and guidelines in place for cleaning. There was a schedule for quarterly deep cleaning of each house by an cleaning company. A deep clean was completed in one of the houses in the centre on the day of the inspection. There were guidelines for staff on using the new flat mop system, and the colour codes of cloths and mops was on display. There were guidelines for staff on cleaning specific areas such as bathrooms, wet rooms and toilets. Guidelines on dilution methods of cleaning products were also readily available for staff. There were equipment cleaning and disinfection lists in place. These included schedules for cleaning items such as medication cabinets and fridges, thermometers and other shared equipment, remote controls, and food probes.

There were dedicated areas for waste and a system in place for the storage and collection of clinical waste. In line with the findings of the provider's IPC audits the inspector found that sharps bin was not stored appropriately. For example, the sharps bin was on the floor in the staff office in one house. The inspector was informed brackets had been ordered.

There were colour-coded chopping boards, and different coloured cloths and mops for different cleaning tasks around the house. A flat mop system was in place in one house and was ordered for the other two. However, the inspector observed a number of mops which were not stored in a clean dry place. There were pedal-operated bins and hand soap, sanitiser and paper towels available in bathrooms and

at sinks in the houses.

Regulation 27: Protection against infection

Overall the inspector found that the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required for them to be fully compliant.

The inspector identified a number of areas of good practice in relation to infection prevention and control; however, some improvements were required to ensure that residents, staff and visitors were fully protected from the risks associated with infections. These included the following:

- A spare bedroom in one house, and a resident's bedroom in another contained significant amount of loose items which impacted on how surfaces and furniture could be cleaned. The inspector was informed that a skip had been ordered and that options for additional storage space to support residents to store their belongings was being explored.
- There was an absence of risk assessments relating to residents' specific healthcare needs and vulnerabilities, and steps to take to keep them safe from the risk of infection.
- There was some surfaces in a number of the houses which were damaged and this was impacting the ability to clean and disinfect them. For example, a mirror in a bathroom, a kitchen counter and cabinet doors in one house, and the kitchen cabinet doors in another house.
- Suitable storage arrangements were not in place for sharps boxes in the centre. The inspector was informed that brackets were on order.
- A number of mops were observed in the back garden, and for those that were in the shed there was no system available to hang them up after use.
- A small number of staff required IPC-related training or refresher training.

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 Houses Rathfarnham OSV-0004013

Inspection ID: MON-0038944

Date of inspection: 15/03/2023

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> <p>1: The spare room needed to be decluttered; A skip was ordered and all old items were removed from the spare room allowing for same to be cleaned sufficiently. New storage was sought for resident's bedrooms to facilitate additional storage of personal items in line with resident's personal choice. (Completed)</p> <p>2: Risk Assessments; Risk assessments for individual resident with regard to specific healthcare needs are now in place to support the specific health management plans, there is specific details to guidance staff on practice with regard to infection control when support resident with their healthcare needs. (Completed)</p> <p>3: Replacement of damaged surfaces; • One of the houses in the designated center is due for a full kitchen replacement, the funding for this project was approved in 2022 and we are currently awaiting on a date for the works to commence from the contractor. • Maintenance have been requested to obtain a quote for the replacement of the damaged cabinet doors in one of the houses in the designated center, on receipt of the quote the PIC will seek approval for funding for same. • The mirror has been replaced. • The IPC Link nurse along with the Community Team conduct regular audits and walkabouts in each of the Community Houses, within these checks there is an IPC focus on assessing surface areas to ensure they are in a good condition and fit for cleaning, if damage is noted then replacement items are requested and the old/damaged items are removed. These checks are completed on a weekly and/or monthly basis. (October 2023)</p>	

4: Safe storage for sharps containers;

A number of wall brackets are on order, awaiting delivery estimated to be 14/04/2023. Same to be installed by maintenance once delivered. (April 2023)

5: Mop storage;

Wall brackets have been ordered for the suitable storage of mops within each of the community houses. Awaiting for delivery of same. (April 2023)

6: Training;

Training letters were issued to all staff members in 2023 to make them aware of the training they are required to complete in the coming months. A training schedule is in place for the first six months of 2023 with staff allocated to training as necessary. A number of standard precaution training sessions were held online by the IPC nurse on the week of the 20th of March. Staff unavailable to attend this training have been advised to complete the required IPC related courses on HSE Land and to submit certificates of completion for the attention of the PIC. A training matrix is in place to monitor and record all staff trainings and is updated as required. (July 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).

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	13/10/2023