Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 5
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	09 May 2022
Centre ID:	OSV-0004079
Fieldwork ID:	MON-0036135

About the designated centre

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

This designated centre comprises of two houses next to each other on a campus based setting in a small town in Co. Kildare. The designated centre provides support to three residents with varying needs pertaining to intellectual disability, hearing impairment and autism. One of the houses is a bungalow with four bedrooms, one of which is being used as a staff office and staff overnight room. There is a sitting room, a kitchen-dining room and a small outdoor area to the back and a garden and patio area to the front. The other house is also a bungalow with four bedrooms one of which is used as a staff office and staff overnight room. There is one en-suite and one bathroom. There is a kitchen-dining room and a sitting room. There is a large garden to the rear and side of the house with an outdoor patio and seating area. There are cars available for the use of residents in both houses. The person in charge works full-time at this designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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 9 May 2022	10:00hrs to 16:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements which the registered provider had put in place in relation to infection prevention and control (IPC). Over the course of the day, the inspector met with two of the three residents living in the centre, two staff members and the person in charge. In addition, the inspector reviewed documentation and observed the physical environment in both houses. Overall, the inspector found that the registered provider had put strong systems and arrangements in place to ensure that procedures and practices were in line with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). The provider was taking a proactive approach to developing and continually reviewing IPC practices and procedures in response to these specific IPC inspections. However, some improvement was required in the physical environments in addition to the need for an improvement in risk assessments.

The centre comprises two bungalows set on a large campus. The first bungalow is home to two residents and comprises four bedrooms, a large sitting room, a kitchen, utility room, one large accessible bathroom and one smaller bathroom. On arrival, the inspector was greeted at the door by a staff member who was noted to follow appropriate guidance for visitors entering the premises. A resident was doing their daily exercise programme on an adapted exercise bicycle. The resident greeted the inspector and told the inspector about their sister who had visited recently. They were supported by staff to tell the inspector about their plans for the day. The resident told the inspector they had purchased membership to the National Stud farm and were enjoying going swimming regularly in a local pool. The resident went for a walk with a staff member and out to visit the National stud with a member of staff. They returned later on in the afternoon. When asked about what they needed to do to protect themselves from infection, they told the inspector they washed their hands and showed them how they did so. The inspector did not have the opportunity to meet with the second resident who was in their day service.

The second bungalow was home to one resident who received a bespoke individualised service. The bungalow was a five bedroomed bungalow. The house had been adapted to suit the needs and interests of the resident. One bedroom had been altered to be a beauty room which had a nice dressing table and furniture for the resident to sit and have their hair and make up done. Another bedroom had been turned into a craft room and had various arts and crafts supplies available. One bedroom was vacant and the final bedroom was used for a staff sleepover room and office. There were two bathrooms available to use for the resident, both of which were suitably equipped to meet their needs. The inspector had the opportunity to speak with the resident twice over the course of the day. The resident had recently had a visit from a family member which they enjoyed. Staff had supported the resident to be an active participant in promoting good IPC practices in the centre. For example, they had painted a sign to remind visitors to wash their hands, they were part of the staff training for hand hygiene and demonstrated the correct method to staff, which they appeared to be proud of. The

resident had recently been supported to purchase some baskets which they painted in order to support staff to store colour coded cloths appropriately. The house had recently had new flooring fitted which the resident had chose. The resident told the inspector that they had recently started going out for lunch and shopping again which they were happy about.

It was evident to the inspector that residents were receiving a high quality service which was person-centred and one which upheld their rights. Within the context of IPC, the person in charge had completed individualised documents considering each residents' rights during restrictions in place in the COVID-19 pandemic. These included a reflection upon residents' emotional well-being, routines and how best for staff to support each resident including suggested activities and routines and social stories while government restrictions were in place.

Finally, in order to support the needs of some residents, highly specific desensitisation plans had been done to support residents to have PCR tests and to receive their COVID-19 vaccinations. Consent was sought at each stage of this process. There was a range of information available in easy-to -read formats on health care acquired infections such as MRSA, Hepatitis and COVID-19. There was further information on antibiotic use. These documents were used to support staff interactions with residents at residents weekly meetings. These meetings also involved a practical element on hand hygiene and respiratory etiquette.

In summary, from what the residents told the inspector and what was observed, the inspector found that this was a person-centred service which had given residents information and skills relating to good IPC practices in addition to involving residents in staff training. Residents appeared to be content and lived in nice environments. The inspector found that for the most part, there were strong systems in place to monitor and develop IPC practices in the centre. Some improvements were required in one of the premises and in ensuring risk assessments were in place for all known IPC risks relating to residents support needs. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the registered provider was committed to ensuring that residents were protected from health care acquired infections. There were clear governance and management structures and arrangements in place to measure and oversee performance in IPC practices. There was an IPC leadership, governance and management committee in place which consisted of the Regional Director and the Area Directors and they met every two weeks. Roles and responsibilities in relation to IPC and antimicrobial stewardship were clearly documented for staff at all levels. Weekly management meetings took place between persons in charge which was

focused on IPC. These meetings were used as a forum to discuss IPC issues and to share good practices with other designated centres in the area. Information from these forums were shared with staff through the persons in charge or directly via email where appropriate.

The service had a nominated lead for COVID-19 who was the lead worker representative in the organisation and the chairperson of the Health and Safety Committee. The provider was also in the process of recruiting a clinical nurse specialist in infection prevention and control and had a nominated IPC lead. They had access to specialist IPC advice through public health where it was required. There was a robust IPC control strategy in place which consisted of contingency plans, emergency plans, outbreak management plans, risk assessments and individualised risk assessments. There was a clear escalation pathway for suspected or positive cases of COVID-19. A crisis management team was in place to provide governance and leadership where suspected or positive cases of COVID-19 were reported. Staff had access to out of hours support as required.The provider had recently strengthened their systems of oversight of antimicrobial stewardship. Each centre maintained a register of antimicrobial medications and this was routinely collected and analysed at senior management level. Quarterly meetings between the person in charge and their line manager were planned over the coming months to review trends.

There were a number of policies in place to guide and inform staff practice such as the communicable disease policy, cleaning and disinfection, hand hygiene and the prevention and containment of COVID-19 in the workplace. Information arising from meetings of relevant committees were shared with staff to ensure they remained informed of actions and practices within the organisation. The person in charge maintained a folder in each house with key up- to- date public health guidance on COVID-19 and with information on good IPC practices such as hand hygiene, correct use of personal protective equipment (PPE) and standard based precautions. IPC was a standing agenda item for staff meetings.

Oversight and monitoring of IPC practices at centre level took place through a COVID-19 checklist and an IPC audit. The COVID-19 checklist was largely focused on health and safety measures in the environment relating to IPC such as hand hygiene facilities, PPE stock and the ability to maintain physical distancing. The person in charge did an additional IPC audit every two weeks. Monthly health and safety walkabouts also included elements related to IPC such as the physical environment, housekeeping and waste management. To ensure all maintenance issues which had an impact on IPC were appropriately identified, a maintenance walkabout was due to be carried out by local management in the weeks following the inspection . Oversight of maintenance requests had been improved through use of an online system where persons in charge could log and track the progress of items required.

The centre was staffed by a small core team of staff who were familiar with each residents' needs. The staff had made notable efforts throughout the pandemic to ensure the ongoing safety of residents and to provide continuity of care which was essential for the well being of the residents. The inspector found that there was an

adequate number of staff in each house to ensure that residents' IPC and antimicrobial stewardship needs were met.

Staff had completed training in a number of areas relating to IPC and antimicrobial stewardship which included standard based and transmission based precautions, respiratory etiquette, hand hygiene and donning and doffing of PPE. In addition to these training sessions, the person in charge had carried out a specific IPC supervision session with each staff member to ensure that they were aware of their roles and responsibilities and to ascertain their knowledge and training needs relating to IPC. The person in charge carried out a practical competency based session with staff on hand hygiene using a UV light every six months. This highlighted and reminded staff on the correct hand hygiene techniques to use. The person in charge was in the process of changing the induction process for agency staff to ensure they were familiar and competent with the cleaning schedule and other IPC requirements of the centre. In order to further develop and improve IPC knowledge and expertise in the organisation, the provider had sourced an accredited course in IPC for persons in charge and persons participating in management. This consisted of four days training and an examination to ensure that managers had a good level of IPC expertise. This had begun on the day of the inspection. The provider had developed criteria for staff who wished to nominate themselves as IPC champions in the centre and there were plans in place to further develop their knowledge and skills in IPC to enable them in that role.

The inspector viewed the risk register and the safety statement for the centre. There were a number of standard risk assessments related to COVID-19 and IPC such as the management of laundry, risk associated with the and legionnaires disease. The provider had developed a number of risk assessments in relation to IPC and COVID-19 which included the management of laundry, However, these were out of date and not all in line with current guidance from the health protection and surveillance centre. There were a number of individualised risk assessments for each resident in line with their identified care needs. However, for one resident there was a requirement for an additional risk assessment relating to wound care. There was a system in place to record and report any adverse incidents relating to IPC, including any outbreaks of infection to ensure learning took place and was shared appropriately with relevant personnel to continue to improve practice.

Quality and safety

The inspector found that the service was person-centred in its approach and residents had been provided with information and skills relating to IPC on an ongoing basis. They were given information about various aspects of the COVID-19 pandemic and had been supported in a sensitive and appropriate way to receive their vaccinations. This included seeking consent and carrying out desensitisation exercises to minimise possible distress to residents. A resident in one of the houses had been supported to be involved in educating staff in hand hygiene. Residents

had access to a GP and a range of other health and social care professionals. In the event that a resident required transfer into hospital, there were hospital passports developed containing key information about the resident and their health care needs.

The inspector noted that IPC practices were part of the daily routine in both houses. This was evident throughout the day. On arrival, staff were noted to be wearing the appropriate levels of PPE in line with current public health guidance and were noted to regularly carry out hand hygiene. Staff were found to be knowledgeable about IPC practices such as cleaning and disinfection, the management of waste and laundry, standard and transmission based precautions and on the management of spills or exposure to body fluids. Both staff members were able to describe the arrangements in place in the event a resident developed any symptoms of COVID-19.

Both houses in the centre were found to be clean, homely and well suited to the residents' needs. One of the houses had recently had flooring replaced but the kitchen had a number of damaged surfaces including the hob of the cooker, which had knobs broken on it. In the second house, the small bathroom required refurbishment to enable staff to clean it thoroughly. There was a build up of lime scale on the taps and the bath was found to be in a poor state of repair. These issues meant that it was not possible to thoroughly clean these surfaces, thus increasing the risk of infection transmission. These issues had been self-identified and reported on the provider's online maintenance request system.

As stated earlier in the report, there were a number of audits carried out on the environment to ensure that the house was maintained and cleaned to a high standard. The provider was found to have good arrangements in place for cleaning and disinfection which included detailed cleaning schedules, access to relevant safety data sheets and clarity about the method, products and equipment to be used for different areas. The provider had recently developed a comprehensive cleaning schedule for equipment which was adapted to each house. This included all equipment which was in the house, instructions for cleaning it and the frequency with which it needed to be carried out. There was colour coded cloths used for cleaning and the provider had recently purchased colour coded mop buckets. All cleaning equipment was on the cleaning schedule and appropriately cleaned after each use. The centre also had access to a steam cleaner in order to clean textiles such as curtains and furniture where required. Spill kits were recently purchased for each house and this was on the agenda for the upcoming staff meeting to ensure all staff were familiar with the kits and how to used them. A deep clean of the centre took place by an external contractor once a quarter. In order to ensure consistent practice for these cleans, a schedule had been developed and was competed by the company for each clean and any identified actions were noted. In the event of an outbreak, external cleaners attended on a daily basis.

There were good arrangements in place for the management of laundry. Laundry was completed on site using a domestic washing machine. Staff had access to water soluble bags to segregate infected or contaminated laundry where it was required. Staff were able to describe how they segregated laundry and what precautions they

took when handling laundry. Waste management arrangements were in place with an external contractor. In the event that disposal of clinical waste was required, staff had access to clinical waste bags and could describe how they managed clinical waste.

Regulation 27: Protection against infection

Overall, the inspector found that the registered provider had put strong systems and arrangements in place to ensure that procedures and practices were in line with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). The provider was taking a proactive approach to developing and continually reviewing IPC practices and in building staff expertise within the organisation. It was evident that residents were involved in decisions about their care and that staff endeavoured to provide them with information and skills relating to infection prevention and control such as respiratory etiquette, social distancing and hand hygiene.

While all of these elements were in place, there were some improvements required, which are as follows:

- The risk register was not reviewed in line with the provider's identified time lines or in line with updated guidance from public health. There was a need to risk assess all aspects of residents' personal care needs which had an associated IPC risk.

- While on the whole the houses were in good condition, there was a need for the kitchen in one house to be replaced. In the second house, the bathroom required refurbishment to ensure that the bath was able to be cleaned appropriately. These issues meant that it was not possible to thoroughly clean or disinfect these areas which posed an IPC risk.

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 5 OSV-0004079

Inspection ID: MON-0036135

Date of inspection: 09/05/2022

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

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
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.

The registered provider shall ensure that the standards on the infection prevention and control measures are improved in the designated centre as published by the Authority. This will address shortfalls identified in the inspection
• Refurbishment for bathroom & kitchen as per refurbishment plan
• Up-to-date Risk Assessments for IPC risk in line with current guidance from the health protection and surveillance centre

The Person in Charge shall undertake a review of individualised risk assessments for resident in line with their identified care needs relating to wound care.
The Person in Charge shall undertake a review of the designated centre risk register in line with providers time lines and updated guidance from public health.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/09/2022