



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

## Issued by the Chief Inspector

Name of designated centre:	Cois Cuain
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	16 March 2023
Centre ID:	OSV-0004663
Fieldwork ID:	MON-0039051

## About the designated centre

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

Cois Cuain is a designated centre operated by the Health Service Executive. It provides a community residential service for a maximum of five adults with a disability. The centre is located on the outskirts of a village in Co. Wexford with access to a variety of local amenities including shops, café's, restaurants and beaches. The designated centre is a detached two-storey dormer house which consists of a sitting room, dining room, kitchen, five resident bedrooms (three of which have en-suite facilities), office, staff room, bathroom and a laundry room. There is a large secure garden to the rear of the centre with seating areas and a swing for residents to avail of if they wished. The staff team consists of nursing staff and multi-task workers. The staff team are supported by a person in charge.

**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
Thursday 16 March 2023	10:30hrs to 15:30hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the levels of compliance in the centre 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).

This inspection took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspector followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspector ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the resident, staff team and management over the course of this inspection.

The designated centre was home to five residents on the day of the inspection and the inspector had the opportunity to meet with the five residents over the course of the inspection. Some residents used alternative and augmented methods of communication and did not verbally share their views with the inspector, and were observed throughout the course of the inspection in their home.

On arrival, the inspector was welcomed by two residents as they were relaxing in the sitting room, one resident was observed engaging in table top activities and two residents were being supported to prepare for the day. In the afternoon, residents were observed listening to music, watching the horse racing, baking and being supported to access the community. In addition, one resident was observed enjoying an aromatherapy session in their room. Positive interactions were observed between the residents and the staff team throughout the inspection. Overall, the residents appeared content in their home and in the presence of the staff team.

The designated centre consisted of a sitting room, dining room, kitchen, five resident bedrooms (three of which have en-suite facilities), office, staff room, bathroom and a laundry room. The inspector completed a walk-through of the centre and found that the centre was visibly clean and decorated in a homely manner. In general, the designated centre was kept in a good state of repair. However, there were areas of flooring lifting in two bathrooms and an area of broken tiles in one resident's en-suite. This negatively impacted on the ability to effectively clean the bathrooms and required review. In addition, while cleaning schedules were in place, there was a minor area for improvement such as the inclusion of high areas. For example, two vents were observed with dust build up in two bathrooms.

The inspector observed a number of measures in place to promote a clean environment that minimised the risk of transmitting a healthcare associated infection. These included appropriate use of PPE, staff and resident symptom checks, pedal operated bins and hand hygiene facilities located. However, the

storage of some cleaning equipment was not appropriate and required review. For example, mops were observed to be stored incorrectly. This had been self-identified by the person in charge and a new mop system had been ordered.

During the inspection, the inspector observed a smoke detector in resident bathroom to be covered on the day of inspection. This was identified to the person in charge on the day of inspection and removed.

Overall, the inspector found that the provider had effective arrangements in place in relation to infection prevention and control. However, some improvement was required in relation to one infection control practice, cleaning schedules, storage of cleaning equipment and premises.

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

## Capacity and capability

Overall, the inspector found that the provider had put in place suitable oversight and management arrangements which supported good infection prevention and control practices.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control measures in the centre. There was a full-time person in charge in place. The person in charge was responsible for another designated centre and were supported in their role by a Clinical Nurse Manager 1. There was evidence of regular quality assurance audits of the quality and safety of care and infection control measures taking place, including the annual review 2022, unannounced provider six monthly audits and health and safety audits. These audits identified areas for improvement and developed actions plans in response.

The service had up-to-date infection prevention and control policies in place which were subject to regular review and which guided the care and support that was provided in the centre. In relation to COVID-19, the provider had developed a centre-specific COVID-19 contingency plan for staffing and isolation of the residents in the event of a suspected or confirmed case of COVID-19.

There was an established staff team in place. From a review of rosters, staffing levels were maintained to meet the needs of the residents and the centres infection prevention and control needs. During the day five staff members supported the five residents and at night, two waking night staff were in place. The staff members

were also responsible for ensuring the provider's systems and policies regarding infection control were implemented in the centre. Staff spoken with, appeared knowledgeable regarding infection control practices in the centre and measures in place to reduce the risk of COVID-19. All staff were observed wearing PPE in line with national guidance, throughout the inspection.

There was a program of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, infection prevention and control and PPE. In addition, the provider had identified additional infection prevention and control training which the staff team were undertaking at the time of the inspection.

## Quality and safety

The registered provider and staff team were ensuring that the service provided was safe and in line with national guidance for infection prevention and control in residential care facilities. However, some improvement was required in cleaning schedules, storage of cleaning equipment and premises.

As noted, the designated centre consists of one two storey house. The inspector completed a walk-around of the centre and found that the centre was visibly clean and decorated in a homely manner. Generally, the designated centre was well maintained. However, there were some areas of the premises which required review including flooring lifting in two bathrooms and areas of broken tiles in one resident's en-suite. The tiles had been self-identified by the person in charge and plans were in place to address same.

The inspector observed appropriate infection control practices in relation to waste disposal (including clinical waste) and laundry management. Staff spoken with were knowledgeable on the arrangements in place for the management of waste and laundry. However, one practice in relation to the laundry management required review to ensure it was appropriate and in line with the provider's policy.

Cleaning schedules were in place and these were implemented by the staff team daily. The cleaning schedules outlined areas of the centre to be cleaned including the residents' bedrooms, bathrooms, the kitchen, dining area and living areas. However, the cleaning schedules in place required review to include high areas. For example vents in bathrooms were observed with a build up of dust. There were regular checks and cleaning schedules in place for residents' assistive equipment including masks and blood glucose monitors.

There were appropriate systems in place for the assessment, management and ongoing review of risk in the centre. Risk assessments had been developed regarding potential infection control and COVID-19 risks. The risks had been

assessed and mitigating measures were implemented when necessary.

There was appropriate areas for the storage cleaning equipment. There was a colour-coded mop system in place. However, the storage practices for storing the cleaning equipment required review. For example, mop buckets and mop heads stored damp between use which posed a risk of cross contamination. This had been self-identified by the person in charge and a new mop system had been ordered.

The residents had appropriate access to healthcare services including a general practitioner (GP). Individualised support plans were in place for the management of any identified healthcare needs.

There were systems to ensure the resident's rights and dignity were respected. At the time of the inspection, there was no restrictions on visitors. It was evident that infection control and COVID-19 measures were discussed with the residents in a way that was accessible to them. Weekly meetings with the residents demonstrated regular discussion of infection control and updates regarding vaccines and COVID-19.

## Regulation 27: Protection against infection

Overall, the inspector found that the provider was generally meeting the requirements of the national standards for infection prevention and control in community services, and keeping the resident and the staff team safe. There were management and oversight systems in place and infection control measures were regularly audited and reviewed. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. The staff team were guided by the provider's infection control policy and all staff had completed training in areas including infection control. The designated centre was visibly clean on the day of the unannounced inspection.

However, some improvement was required in:

- areas of flooring lifting in two bathrooms and broken tiles in one resident's en-suite,
- the cleaning schedule to include high areas,
- the storage of cleaning equipment required review, and
- a practice in place for laundry management required review.

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 Cois Cuain OSV-0004663

Inspection ID: MON-0039051

Date of inspection: 16/03/2023

## 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> <ol style="list-style-type: none"> <li>1. Areas of flooring lifting in two bathrooms and broken tiles in one ensuite- these concerns were already identified to maintenance, same has been re-escalated to maintenance manager for immediate action. Maintenance manager has confirmed that same has been appointed to relevant companies and will be completed within 1 month.</li> <li>2. Cleaning schedules updated to include vents in addition to other high areas.</li> <li>3. Storage of cleaning equipment- Flat mop system was ordered in February 2023, same have been delivered on 12/04/2023. Previous cleaning equipment has been disposed of.</li> <li>4. Practice in place for laundry management required review- CNM2 has spoken with CNM2 SECH Infection prevention &amp; control nurse, a review was completed of laundry management in place for one resident. IPC link nurse has confirmed current practice in place is in line with management of blood &amp; body fluids policy and procedure.</li> </ol>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/05/2023