



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

## Issued by the Chief Inspector

Name of designated centre:	Community Living Area 23
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	30 March 2022
Centre ID:	OSV-0005245
Fieldwork ID:	MON-0036025

## About the designated centre

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

This designated centre provides a full-time residential service and supports for four adult residents with varying needs in relation to their intellectual disabilities and require a multi-disciplinary approach to care. This service provided dementia specific care in a very comfortable and relaxed community based setting. The centre is a dormer bungalow and consists of six bedrooms (one is a staff room and one is a multipurpose room). There is a kitchen, utility room, a sitting room and dining room alongside a large and a small bathroom. Some of the bedrooms in the house had ensuite bathrooms. Outside there is a large garden to the back and front of the house. The person in charge shares their time between this designated centre and another designated centre. There are nurses, social care workers and care assistants employed in this centre. Transport is available to the centre to facilitate and promote community integration.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Wednesday 30 March 2022	10:00hrs to 15:00hrs	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 (Health Information & Quality Authority, 2018). As the inspection was completed during the COVID-19 pandemic, the inspector of social services adhered to national best practice and guidance with respect to infection prevention and control (IPC), throughout the inspection. Overall the inspector found that the provider was implementing a number of systems to protect people from risk associated with IPC; however, some improvements were required in relation to infection prevention and control, particularly relating to the implementation of systems for visitors to the centre, the use of personal protective equipment (PPE), IPC related auditing, and staff training.

On arrival to the centre, the inspector was directed to sign the visitors book; however, they were not shown the facilities for temperature checks or hand washing/sanitising facilities, or the facilities for donning and doffing personal protective equipment. The inspector took all the necessary precautions themselves and later in the inspection they were informed of the normal procedure for visitors to the centre, read the providers' guidance, and were shown the facilities and PPE available for visitors by the person in charge.

The inspector had the opportunity to meet and briefly engage with each of the three residents living in the centre at the time of the inspection. Throughout the inspection residents appeared comfortable and content, and kind and caring interactions were observed throughout the inspection. However, there were some practices observed in relation to the positioning of staff and the supports offered by them while supporting two residents to have their breakfast, which were not found to be person-centred. These practices did not contribute to any significant risk for residents, but were followed up on with staff by the person in charge during the inspection.

Overall, the inspector found that the centre was clean, warm, comfortable and designed and laid out to meet residents' needs. There was soft lighting throughout the house and the colour of walls and doors were chosen to support residents to move safely around their home. Residents had access to plenty of space to spend time with their family and friends, or to spend time alone if they so wish. Residents' bedrooms were personalised to suit their tastes and preferences. They had storage for their belongings and had their favourite items on display. They had pictures of themselves and the important people in their lives, and also pictures and certificates of their achievements on display.

In one of the living rooms there were sensory items, games and arts and crafts available for residents should they wish to use them. During the inspection two residents were supported to go for a drive with staff to a local town, and later in the

day one of these residents was again supported to go for a drive with staff. Another resident had a late breakfast and then had their nails and hair done. Later in the afternoon two residents were observed enjoying a music session with staff who were singing as residents played music instruments. Both residents were smiling and appeared to be enjoying the music session.

During the COVID-19 pandemic there were times when visiting was not occurring in the centre in line with government and public health advice. However, as restrictions were lifted initially outdoor visits and window visits were supported, and then indoor visits were accommodated. Throughout the pandemic residents were supported to go for walks in the local woods and for drives with staff. Now that restrictions were lifting residents were back accessing activities they always enjoyed in their local community such as going for coffee and lunch, and going to their local hairdressers and beauticians.

There was attractive outdoor spaces available for residents, should they wish to spend their time there. The fence panels were painted in bright colours, and there were raised planters which had recently had spring flowers planted in them. Areas for improvement to ensure residents' home and garden were attractive spaces for them to spend time in were being recognised, reported and followed up on by the provider. For example, power washing was required in the garden following the winter season, and painting was required in a few rooms and these had been reported and were due to be completed soon.

Resident questionnaires and family surveys were sought annually by the provider, and a summary of the results were included in the latest annual review of care and support by the provider. In the review for 2021 residents' were reported to be happy living in the centre and to be happy with their care and support. There was a 100% response rate from residents' representatives to the family surveys and the feedback in these was positive with participants reporting they were happy with the service. They described care and support as 'outstanding', and 'excellent' and complimented staff for the way they were supporting their loved ones.

There were systems in place to receive and manage complaints and compliments, and there were easy-to-read information available. Complaints procedures were discussed during residents' meetings. There were systems in place to ensure residents were aware of infection prevention and control measures that may be used in the centre, and the rationale for their use. For example, there was easy-to-read information available and from reviewing a sample of the minutes of residents' meetings, discussions were held in relation to infection prevention and control, COVID-19 and how residents could keep themselves safe against the risk of infection.

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 registered provider was implementing systems and controls to protect residents and staff from the risks associated with infections. They had systems for the oversight of infection prevention and control practices in the centre. At the time of the inspection, there had been no positive resident cases of COVID-19 in the centre, and only a small number of staff cases. There had been no outbreaks of COVID-19 reported in centre during the pandemic. However, some improvements were required in relation to the oversight of, the implementation of systems for visitors to the centre, the use of personal protective equipment (PPE), IPC related auditing, and IPC related staff training, to ensure that residents and staff were fully protected from the risk of exposure to infection.

The person in charge was identified as such for this and another designated centre. They were in the other centre on the morning of the inspection and arrived in the centre in the afternoon to facilitate the rest of the inspection. Prior to this staff working in the centre supported the inspector to meet residents and access documentation associated with infection prevention and control in the centre. Staff who spoke with the inspector were familiar with residents' likes, dislikes and preferences, and residents appeared comfortable in the presence of staff.

Overall the provider had clear governance arrangements in place to ensure the delivery of safe and effective infection prevention and antimicrobial stewardship. They had a crisis management team for governance and oversight of services in response to the pandemic. There was an IPC managers meeting weekly where they discussions were held in relation to IPC policies, procedures and practices. Discussions were also held in relation to any changes or new guidance or documentation available, and how this would be disseminated to all the areas. For example, the minutes of one meeting included discussions around the use of FFP2 masks for all resident care activity, and the development of social stories for residents around antibiotic use. In addition, the person's in charge in the region were meeting regularly and discussions were being held in relation to IPC, and COVID-19. From reviewing minutes and through discussions with the person in charge, it was evident that there was shared learning at these meetings.

The provider's annual review referred to COVID-19 and the impact of the pandemic for residents. It also referred to COVID-19 guidance in place and staff training. However, the provider's six monthly review had limited evidence of consideration or review of IPC measures and arrangements in the centre. There were a number of audits being completed regularly in the centre some of which included sections on cleaning. However, there was no IPC specific audit being completed. The inspector was informed that an IPC audit tool was being developed by the provider and that an infection prevention and control nurse had been recently employed in the

organisation. In the absence of a specific IPC audit tool the person in charge was auditing cleaning records and staff temperature logs, and completing supervision with staff to ensure they were aware of policies, procedures and guidelines in place. The provider had recently introduced a system for recording and reviewing antibiotic use by residents in each centre and was developing a social story for residents about the use of antibiotics.

A risk based approach had been adopted to the management of infection prevention and control and staff had access to up-to-date information and national guidance documents. The risk register identified infection prevention and control risks, and control measures to mitigate these risks. Residents had individual risk assessments in place in relation to IPC and COVID-19. In addition, there were infection prevention and control policies, procedures and guidelines in place to guide staff practices. There was also an area specific contingency and outbreak management plan which included information such as the management structure and contact details, how to access PPE and other equipment, the availability of additional relief staff who were familiar with the centre, how to access agency staff, what to do if any suspected or confirmed cases of COVID-19, waste procedures, cleaning and visiting arrangements, residents' isolation plans, antimicrobial stewardship and care planning considerations.

The staff team had completed a number of IPC and food hygiene trainings. A small number of staff required refresher or online IPC related trainings, such as hand hygiene or breaking the chain of infection. The person in charge was aware of this and had recently completed supervision with all staff in the centre where discussions were held in relation to their training needs, IPC, cleaning and cleaning equipment, regulation 27, and the importance of wearing FFP2 masks for all resident care activities in line with current guidance.

There were systems in place for residents, staff and visitors to have their temperatures checked and to monitor for signs and symptoms of infection. However, as previously mentioned this system was not fully implemented on the morning of the inspection. The inspector was asked to sign the visitors book but was not shown the facilities for temperature monitoring, where PPE was available, or where hand washing or sanitisation facilities were.

The provider was planning and organising the staff team to meet the service's infection prevention and control needs. There were a number of staff on unplanned leave at the time of the inspection and the provider was using regular relief and minimal agency staff to cover the required shifts.

## Quality and safety

Overall the inspector found that residents were being kept up-to-date in relation to infection prevention and control measures in the centre. However, improvements were required in relation to staff adherence to standard precautions, and IPC



auditing in the centre.

Residents were being provided with information and involved in decisions about infection prevention and control in the centre. Residents' meetings included discussions around changes relating to COVID-19, isolation guidelines, and the availability of vaccinations. There was easy-to-read information available for residents on areas such as COVID-19, sepsis, antibiotic use, hand hygiene, respiratory and cough etiquette, universal precautions, the use of PPE, and transmission based precautions. There were systems in place to ensure residents could access allied healthcare professionals in a timely manner.

On arrival the inspector observed the three staff on duty wearing surgical face masks while supporting residents with care activities. In addition, a number of staff were not wearing their masks correctly. For example, two staff were observed to wear their masks under their nose. This was not in line with the provider's policies and procedures or national guidance. For the remainder of the inspection staff were observed to wear FFP2 masks in line with current guidance. Two staff were also observed supporting a resident at breakfast time, without completing hand hygiene before supporting another resident with their breakfast.

The inspector found that the centre was clean and well maintained. There were policies, procedures and guidelines in place for cleaning. There was adequate space to store cleaning equipment, and the provider had recently sourced coloured cloths and mops that could be laundered in the centre. The cloths were in place at the time of the inspection and the mop system was due for delivery.

Overall, there were adequate arrangements for laundry and waste management. There was a dedicated areas for waste, clinical waste bins in place, and clinical waste bags could be sourced in the event of an outbreak.

## Regulation 27: Protection against infection

Based on discussions with staff, and what the inspector observed and read, 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 in order for them to be fully compliant.

While the inspector identified a number of areas of good practice in the centre, some areas for improvement were required to ensure that residents and staff were fully protected from exposure to infection. These included the following:

- There were no IPC specific audits being completed in the centre.
- The provider's six monthly audits did not fully consider infection prevention and control.

- A small number of staff required IPC related refresher or online trainings.
- At times during the inspection, Staff mask wearing was not in line with the provider's or national guidance.
- The implementation of systems for visitors to the centre were not fully implemented on the day of the inspection.
- Improvements were required in relation to hand hygiene practices after supporting residents.

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 Community Living Area 23 OSV-0005245

Inspection ID: MON-0036025

Date of inspection: 30/03/2022

## 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 the prevention and control of healthcare associated infections published by the Authority.</p> <p>The register provider will ensure the designated centre will conduct IPC audits on a 12 week basis to review infection prevention practises and complete a quality improvement plan.</p> <p>Following the inspection at this designated centre the register provider has reviewed the 6 and 12 monthly audit in relation to infection control. This should now effectively identify concerns in relation to safety and quality issues. Out of this any concerns identified will have an action plan developed.</p> <p>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 IPC related refresher training.</p> <p>The person in charge shall ensure that all staff within this designated centre are aware of the mandatory requirement of wearing appropriate PPE in line with the national public health guidance. This will become part of the audit checks in relation to infection control.</p> <p>The person in charge shall ensure appropriate measures are in place for visitors such as a temperature check, a visitors book and a risk transmission form is completed when vistsors arrive to the centre.</p> <p>To improve standard precaution at this designated centre, the person in charge has</p>	

delivered hand hygiene practical training. The person in charge has scheduled informal training to improve staffs compliance.

## 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	31/05/2022