



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area T
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	26 April 2022
Centre ID:	OSV-0005680
Fieldwork ID:	MON-0036262

About the designated centre

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

This designated centre is operated by Muiriosa Foundation. The centre can cater for the needs of up to three male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one bungalow house, located in a cul-de-sac, in a village in Co. Offaly. Here, residents have their own bedroom, some en-suite facilities, a shared bathroom and communal use of a sitting room, utility and kitchen and dining area. A garden and patio area is also available for residents to use, as they wish. Staff are on duty both day and night to support the residents who live here.

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
Tuesday 26 April 2022	10:00hrs to 14:45hrs	Anne Marie Byrne	Lead
Tuesday 26 April 2022	10:00hrs to 14:45hrs	Eilish Browne	Support

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with regards to infection prevention and control. Overall, this was a centre that provided residents with an individualised service and ensured their safety and welfare was paramount to all aspects of how this service was operated. Inspectors had the opportunity to meet with one resident, the staff member supporting them and with the person in charge and her line manager, who facilitated the inspection.

Upon the inspectors' arrival to the centre, they were greeted by a member of staff who informed inspectors of a recent change to the centre's infection prevention and control arrangements. In accordance with the provider's contingency plan, inspectors were brought to the donning and doffing area at the rear of the centre and provided with appropriate PPE, before entering the centre.

The designated centre comprised of one bungalow house located in quiet cul-de-sac within a village in Co. Offaly. Here, residents had their own bedroom, one of which was en-suite, a shared bathroom, communal use of a sitting room, utility and kitchen and dining area. There was also a staff office and double doors within the kitchen and dining area opened out onto a patio and garden area, for residents to use as they wished. The centre was found to be visibly clean, maintained to a high-standard and had many homely aspects to it. For instance, the staff member on duty spoke of the close friendship that two of these residents shared and photographs of these residents enjoying activities together were proudly displayed in the sitting room. Staff were also told of how each resident had their own preferred seating in the sitting room and of how their peers and staff were very respectful of this.

There was a very friendly and warm atmosphere in this centre and the resident who was present for the inspection, was preparing to start their day with the support of the staff member on duty. Due to their communication needs, this resident didn't engage directly with inspectors about the care and support that they receive. However, this resident was observed to freely access all areas of their home and even guided one of the inspectors to a kitchen cabinet, indicating that they wanted a cup of tea. The staff member who was on duty, spoke at length with inspectors about the care and support needs of the residents who lived in this centre, particularly in area of communication. They told inspectors that some of these residents were quite tactile and responded well to sensory activities. In response to this, a herb garden was planted in the back garden, where some residents liked to feel and touch different herbs that were growing. There were also sensory butterfly wall features for residents to look at and feel and these were displayed throughout. A visual roster, displaying colour and photographs, was available in the main hallway and this staff member told the inspectors that some of the residents liked to refer to this, letting them know which staff member was on duty that day and night. Of the bedrooms visited by the inspectors, these were found to be spacious and had personalised touches to them. For example, one resident had their own fish bowl in

their bedroom and displayed many family photos, which the staff member told inspectors, was important to this particular resident.

Most of these residents required a level of staff support with their personal hygiene needs and the provider had ensured that they had access to the staffing and equipment resources that they required for this aspect of their care. For example, for residents who required the use of shower chairs, these were made available to them. Other residents liked to have a bath each night before going to bed and a bath was available in the main bathroom for them to use. In accordance with the centre's cleaning arrangements, the staff member told inspectors that this bath and all shower chairs and aids were cleaned after each use. The cleaning of this centre was the responsibility of the staff who worked there. To support them in doing so, the provider had a cleaning system in place, various cleaning equipment and cleaning schedules. As previously mentioned, the inspectors observed the centre to be cleaned to a high standard and was in a very good state of repair.

In response to the infection prevention and control needs of this centre, inspectors were informed of the measures that the provider had put into immediate effect the morning of this inspection. Staff ensured all residents were maintained safe and had effectively implemented the provider's contingency plan. The staff member on duty, spoke confidently of the measures that they had taken that morning, had sought appropriate support and guidance from members of management and they were very clear on what further interventions that were to be implemented over the coming days. Ensuring that the social care needs of residents were not impacted by these recent measures, staff told the inspector that they were awaiting additional transport to be allocated to the centre later that day, which meant the resident who was remaining at the centre, still had access to the transport that they required to access their local community, independent of their peers.

Overall, the inspectors found that there were very good infection control practices in place in this centre. Staff were very much aware of these arrangements and the management team ensured that these measures were regularly reviewed and monitored to ensure their on-going effectiveness in maintaining residents safe from the risk of infection.

The findings of this inspection will be discussed in the next two sections of this report.

Capacity and capability

Overall, the inspectors found that this was a well-run and well-managed centre that ensured residents received a safe and good quality service. While the provider demonstrated a good level of compliance in the area of infection prevention and control, some improvements were required to aspects of contingency planning, risk management and to some cleaning arrangements for this centre.

The person in charge held responsibility for this centre and she was regularly present to meet with residents and with her staff team. She had good knowledge of the infection prevention and control measures that were in place and of how they were to be implemented. She held responsibility for another centre operated by this provider and current governance and management arrangements gave her the capacity to oversee the management of this centre.

The person in charge held regular meetings with her staff team, which allowed for frequent discussions about residents' care and welfare and in recent times, these discussions also included a review of the centre's infection prevention and control arrangements. She also maintained regular contact with her line manager, which further supported the oversight of this centre's infection prevention and control arrangements. In the months prior to this inspection, an specific infection prevention and control audit was completed in this centre by senior management. This audit reviewed areas such as, cleaning arrangements, general maintenance of the centre, laundry arrangements and staff knowledge of these areas. Where improvements were identified, a time bound action plan was put in place. To ensure these infection prevention and control arrangements continued to be subject to regular review, the inspectors were informed that going forward, it was the intention of the provider to complete this audit in this centre on a scheduled basis.

Staffing resources were regularly reviewed for this centre, ensuring a suitable number and skill-mix of staff were at all times on duty to meet the care and support needs of these residents. As staff held the overall responsibility for the cleaning of this centre, this also had a positive impact on ensuring an adequate number of staff were available to carry out all required cleaning. There was a regular staff team in this centre, which meant that residents were always cared for by staff who knew them well. Due to the consistency in staffing levels, in rostering for this service, the person in charge was able to ensure residents were not unnecessarily exposed to additional social contacts. As well as being knowledgeable of these residents' needs, the staff member on duty was observed to interact very respectfully and kindly with the resident who was present.

Since the introduction of public health safety guidelines, the provider had developed a contingency plan to guide staff on what to do, should a resident become symptomatic or confirmed of COVID-19. There was also another contingency plan available, should this centre experience reduced staffing levels, in the event of an outbreak of infection. On the day of inspection, the provider was in receipt of information which required the immediate implementation of these plans. In doing so, the provider ensured that the safety and welfare of all residents and staff was maintained by implementing additional infection control measures, and at the time of the inspectors' arrival to the centre, members of management were in the process of communicating these changes to all staff. However, although the provider ensured the safety and welfare of all residents in doing so, upon review of the supporting contingency plan, inspectors observed that this document would benefit from further review to ensure it accurately reflected the specific response of the provider to give better clarity on the specific action that they taken.

Quality and safety

Overall, inspectors found this was a centre that ensured residents were maintained safe from the risk of infection and that the environment in which they lived in was clean, well-maintained and homely.

Upon a general walk-around, inspectors observed that this centre was visibly clean and well-maintained. Hand sanitizer was readily available throughout and sufficient resources were available for staff to complete temperature checks on all visitors upon their arrival to the centre. Staff told the inspectors that regular temperature and symptom checking was frequently completed daily for each resident and they were very aware of what to do, should they become concerned for the care and welfare of these residents, with regards to infection prevention and control.

Staff had the overall responsibility for the routine cleaning of this centre and was guided in doing so by a colour coded cleaning system, which identified the cleaning equipment that was to be used when cleaning various rooms and surfaces. The staff member who was on duty, spoke confidently about this system with the inspectors and was aware of which cleaning equipment to use when performing scheduled cleaning duties. This staff member was also aware of how to ensure all spillages were cleaned in accordance with policy and procedure. Although cleaning mops, mop heads and cloths were available to staff in accordance with the cleaning colour coding system, a review of other cleaning equipment was required to ensure it was available to staff. For example, there were hard floor surfaces throughout this centre and inspectors found that there was insufficient sweeping brushes available in the centre ensure this cleaning task was completed in accordance with the colour coding cleaning system that was in place.

The provider had developed daily, weekly and monthly cleaning schedules to guide staff on the type and frequency of cleaning that was to be completed. However, inspectors observed these schedules required additional review to ensure these adequately reflected the cleaning that was regularly performed. daily by staff. For example, shower chairs, baths and footspas were regularly cleaned by staff following resident use; however, current cleaning schedules didn't allow for staff to demonstrate this. Furthermore, there was a communally used bathroom that was used by both staff and residents and although inspectors found this room to be cleaned to a high standard, the specific cleaning schedule that was put in place for this room required more clarity. Currently, this schedule didn't clearly describe the specific cleaning that was to be performed by staff, guide on what would warrant more frequent cleaning of this room or allow for staff to demonstrate how often the room was actually cleaned by them. For instance, following conversation with the person in charge, she informed inspectors that this bathroom was routinely cleaned in between use by staff and residents; however, the supporting cleaning schedule didn't evidence the frequency of this.

Although it was very evident to inspectors from the walk-around of the centre and from speaking with staff that this centre was routinely cleaned to a high standard,

some clarity was required with regards to disinfection arrangements. For example, surface areas, frequently used touch points and bathroom wear and aids were regularly cleaned; however, it was unclear how often these areas were disinfected. At the time of this inspection, the provider was in the process of reviewing the overall organisational cleaning arrangements, which included a complete revision of associated policies and procedures. However, in the interim, better guidance was required to be provided to staff on the appropriate cleaning and disinfection products to be used as part of the overall cleaning of this centre.

Some residents living in this centre required behaviour support and the provider had ensured that these residents received the care and support they required in this aspect of their care. During the course of this inspection, inspectors observed one resident display a ritualistic behaviour, which had the potential to compromise infection prevention and control arrangements in this centre. This was discussed with the person in charge and her line manager, who informed inspectors that this behaviour was regularly exhibited by this resident. However, there was no enhanced cleaning in place to ensure all affected touch points of the centre were adequately cleaned following the display of this behaviour. Although the provider had risk assessed for this behaviour, due consideration wasn't given to the potential infection prevention and control implications of this behaviour. This was discussed further with the person in charge and her line manager, who were planning to immediately review this subsequent to this inspection.

At the time of this inspection, in light of recent changes in the centre, members of management were in the process of updating the centre's COVID-19 risk assessments to demonstrate and allow for, the on-going monitoring of the effectiveness of the measures that were put in place to reduce the likelihood of an outbreak of infection. In addition to this, the provider had an overall risk assessment which monitored the effectiveness of infection prevention and control measures in this centre. Although inspectors found this risk assessment to be informative, it required additional review to ensure it identified the specific control measures that the provider had put in place to ensure residents and staff were maintained safe from the risk of infection.

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of infection prevention and control measures in place to protect the safety and welfare of all residents and staff. Although good areas of infection prevention and control practices were identified as part of this inspection, improvements were required to some aspects of these arrangements. For example, a review of the centre's cleaning arrangements was required to ensure staff had access to the equipment that they required to complete all cleaning in accordance with the colour coding cleaning system that was in place. In addition to this, supporting cleaning schedules required revision to ensure these reflected the specific and frequently of cleaning that was occurring in this centre. Clarity was also required to better guide

staff on disinfection arrangements and on the specific cleaning products to be used in this centre. Where additional cleaning was required in response to residents' behavioural support needs, suitable arrangements were required to ensure staff were adequately guided on how to implement this, as and when required. Although the provider had effectively responded to incidents of suspected and confirmed cases of COVID-19, revision of supporting contingency plans was required to ensure these plans adequately reflected the specific response that was taken by staff and management. The oversight of this centre's infection prevention and control arrangements was largely guided by a risk assessment; however, the inspectors observed where this assessment would benefit from further review to give better clarity on the specific measures that the provider had put in place to safeguard residents and staff from the risk of infection.

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 T OSV-0005680

Inspection ID: MON-0036262

Date of inspection: 26/04/2022

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> <ul style="list-style-type: none">• The Person in Charge has updated the Contingency Plan to give better clarity on the specific response that is needed for the action of an incident of suspected or confirmed cases of COVID-19. Action Completed on: 13/05/2022• The Person in Charge has updated the colour coded system to reflect the cleaning of hard surfaces in the centre. Action Completed on: 29/04/2022• The Person in Charge has reviewed and updated the cleaning schedule to include the cleaning of shower chairs, baths and personal items such as footspa's. Also added to the cleaning schedule is a clear list of what cleaning is to be undertaken in the communally bathroom and frequency. Action Completed on: 09/05/2022• The Person in Charge has added an updated local protocol for cleaning and disinfecting into the cleaning schedule to capture the time and frequency of regular cleaning and disinfecting products. Action Completed on: 09/05/2022• Due to one resident's Behaviour support needs suitable infection control arrangements to effectively reduce the risk of spreading infection has been added. The Person in Charge has updated the individual's risk assessment to reflect the risk of the spreading an infection. Action Completed on: 10/05/2022• The Infection Prevention and Control and COVID-19 risk assessment has been updated to give better clarity on the specific measures that the provider has put in place to safeguard residents and staff from the risk of infection. Action Completed on: 10/05/2022	

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	13/05/2022