



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

Issued by the Chief Inspector

Name of designated centre:	Ocean House
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	06 December 2022
Centre ID:	OSV-0007912
Fieldwork ID:	MON-0038108

About the designated centre

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

Ocean House is a designated centre operated by Sunbeam House Services CLG. The designated centre provides full-time residential services for adults with a mild or moderate level of intellectual disability. The maximum number of residents who can reside in the centre is two. The centre is made up of one semi-detached two story house located in a large town in Co. Wicklow. It comprises a communal sitting room leading to an adjoined kitchen/dining room with a large sunroom/conservatory at the rear with access to the back garden. There is a toilet/shower room down stairs and a garage to the side of the house. Upstairs there are four rooms, three bedrooms (one is used for staff sleepover) and a storage room and staff office. There is also a communal toilet/bathroom on this floor also. The centre is managed by a full-time person in charge who is responsible for this and one other designated centre operated by the provider. The residents are supported by social care workers with a sleep over staff arrangement in place at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 6 December 2022	11:50hrs to 16:45hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection was to monitor compliance with Regulation 27: Protection against infection and the National Standards for infection prevention and control in community services (HIQA, 2018). This inspection found that overall, the centre was operating in a way that promoted residents' safety in relation to infection prevention and control practices.

The inspector observed staff members wearing personal protective equipment (face mask), and there was a supply of face masks at the entrance door along with hand sanitiser throughout the building.

On arrival to the designated centre, residents were out engaging in their chosen activities with the support of staff. The person in charge met the inspector and supported the inspection, and later in the afternoon the inspector had the opportunity to meet staff members and some of the residents who lived in the designated centre.

Residents told the inspector that they understood how to keep themselves safe from possible infection, and showed the inspector hand sanitiser that they keep on their bag and explained that they wear masks if they are on public transport or in busy areas. Residents could explain the plans to follow if someone in the house developed an infection, such as isolation plans and how they would share and designate different parts of the house for different people.

Residents spoke about the premises, and some of the things they didn't like. For example, that their living room space in the conservatory area could be cold and drafty at times, and the roof was in need of a clean so that better light could get in.

Residents spoke about the bathroom downstairs and how the flooring was tiled, which was not a non-slip flooring like that bathroom upstairs which they felt would make it safer to use.

Some residents showed inspector their bedroom, which they liked to rearrange at times for a change. They had adequate space and storage solutions for their personal belongings. Residents told the inspector their room was warm and very comfortable and that they liked it.

The inspector viewed another resident's bedroom which had mould along parts of the skirting board and wall in front of the window. Because of this, they had been supported to use a different spare bedroom until the issue had been properly addressed. The person in charge and senior manager outlined that this was going to be assessed by a relevant professional in the coming days to determine a more long term solution. This had been first identified in May 2022, but even with attempts to address it, it had returned again.

Staff and the person in charge were promoting a person-centred delivery of care, and encouraging residents to take responsibility for their activities of daily living and sharing of their home, for example, there were agreed times for each resident to use the washing machine to do their own washing. This supported the sharing of facilities and also assisted to reduce any potential risks of cross infection.

Residents had put up their Christmas decorations in the designated centre, and there were photographs and art work that were meaningful to residents on display. The kitchen and appliances were clean and well kept, and residents told the inspector that staff cooked really nice meals. There were colour coded chopping boards for safe food preparation and an identified colour coded cleaning system for different areas in the house. This has been put in place following an audit that was completed.

Residents had their own living space for their personal use, as well as their own individual bedrooms. The inspector spoke to residents about their space in the house and they explained that staff supported and encouraged them to keep things tidy. For example, on the day of inspection some residents had bought new storage units for their living room to help to keep their belongings more organised. While the designated centre was a shared home for two residents, there were two bathrooms/ shower rooms and residents chose to use different bathroom for their personal care, which also supported the management of cross infection risks.

Residents told the inspector that they really liked their house, that it was really close to local shops and amenities, and they liked the area. Overall the designated centre was seen to be homely, clean and comfortable in general, with some premises issues in need of attention, which could pose potential risks, for example, the presence of mould in a residents' bedroom, the ventilation and heating in the back living area of the house and some repainting and repairs to skirting boards and walls. While aspects of the premises required attention, the practices in the designated centre promoted residents' safety from infection.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service in respect of infection prevention and control.

Capacity and capability

The provider demonstrated, through their written policies, procedures, management structure and systems, that they had the capacity and capability to deliver safe infection prevention and control arrangements and protect residents from the risk of healthcare-associated infections.

The provider had governance structures and management arrangements in place in the designated centre, with clear roles and responsibilities for staff and management. There were lines of escalation and information from staff in the centre

to the provider, and frameworks of staff supervision, staff meetings and communication with staff to ensure infection prevention and control was discussed. The provider had a COVID-19 committee to provide up to date information and best practice information to staff.

The provider had an infection control policy in place for all of its designated centres and a policy guiding how the centres would work during COVID-19. The person in charge had also implemented local protocols to support infection control in this designated centre, aligned to residents' needs.

The provider had supported staff from their quality team to attend detailed training in Infection, Prevention and Control and who had responsibility for auditing across the services. The provider had amended the training available to staff in recent months, to ensure a wider focus on infection prevention and control and best practice.

The provider had hired a sufficient number of staff who had access to appropriate training in relation to COVID-19 infection prevention and control and there were escalation pathways in place to raise concerns or risks and to ensure during out-of-hours staff had appropriate support. Staff completed mandatory training on infection prevention and control. The staff resources were suitable to the infection control needs and risks in the designated centre, however the provider was in the process of increasing staffing support due to other needs.

The provider completed six-monthly unannounced audits that included the review of Regulation 27: Protection against infection. This audit identified that the centre was substantially compliant with regulation 27 with improvements required to some of the toilet seats and flooring edgings in the designated centre. Some of these actions had been addressed, for example the replacement of toilet seats but some works remained outstanding.

The provider had arranged for oversight arrangements to protect residents against infection, for example, audits undertaken included health and safety audits that reviewed the cleanliness of the centre and aspects of infection prevention and control, and medication audits that included the storage of medicine. The person in charge had taken action to address any areas within these audits that required improvement, for example, ensuring sufficient storage of mop buckets and mops when not in use. Some issues were still outstanding at the time of the inspection with regard to the premises.

There were checklists and daily monitoring in place, such as regular and less frequent cleaning checklists, these were reviewed regularly by the person in charge to ensure they were being completed and discussed at team meetings.

The person in charge had completed the self assessment tool and quality improvement tool issued by the Chief Inspector to assess the adequacy of their COVID-19 measures and to demonstrate a commitment to quality improvement. The person in charge had also completed general and individual risk assessments related to COVID-19 which identified control measures for implementation, including

isolation plans for if an outbreak of an infection should occur.

While the risks associated with infection were known and deemed low, improvements were required to ensure actions from the provider's audits regarding the premises and infection control areas were acted upon in a timely manner.

Quality and safety

The inspector found that residents were in receipt of a service which was delivered in a safe manner and was in line with the National Standards for infection prevention and control in community services. The service was delivered in a manner which was person-centred and provided residents with education to understand how best to protect themselves and others from infection.

In this designated centre residents were supported through a social-care model of care and did not require nursing support. Residents had access to their own General Practitioner (GP) for any health related issues or supports, or through allied health and social care professionals through their GP or employed by the provider. In general, the person in charge outlined that there was a low risk of infection in this designated centre.

Residents' wishes and consent were sought in relation to any specific testing for infection, or vaccination to prevent COVID-19. Residents spoke to the inspector about the measures they took to protect themselves from infection, for example, wearing masks in busy community based areas, washing their hands regularly and isolating from others when necessary. Residents had access to media and news to keep informed of current community-based infection.

Should any resident or staff display a symptom of an infection, there were written plans and guidance in place for staff to follow. For example, isolation plans for potential COVID-19 infection.

The inspector reviewed residents' personal care plans. The plans reviewed did not identify any particular high risks or needs from an infection prevention or control perspective such as an infectious disease. There was evidence of good record keeping in relation to residents' health and any associated risk of infection. Residents had hospital passport documents to assist their supports, should they require hospital admission.

Generally, residents managed their own personal care needs, with some verbal encouragement from staff and staff did not provide hands on care for activities of daily living. Due to the low support needs of residents, there was limited requirement for the use of specialist equipment or devices for residents' care and support. There were suitable arrangements in place for general waste in the designated centre and no requirement for clinical waste. However, guiding policies

where available to manage this should it be required.

There was a colour-coded cleaning system in place and signage to guide staff on this. Mops and brooms were stored off the floor and dried naturally. The premises were homely, clean and tidy overall. However as mentioned, there was an issue with mould in one of the bedrooms, and the conservatory which was frequently used by a resident was cold and the clear roofing was dirty and in need of cleaning.

Residents laundered their own clothes, and there was a low risk of soiled laundry in the designated centre, however, there were procedures and supplies in place, if this were to occur. For example, guidance on how to complete the tasks, and how to clean the washing machine between use. While the likelihood of spillages of bodily fluids was very low in the designated centre, There were arrangements in place for the management of spillages should they occur.

There was sufficient bathroom and shower facilities in the designated centre, and residents chose to use separate bathrooms for personal care. There were cleaning checklists in place to monitor the frequency of cleaning throughout the building.

The kitchen was kept clean and tidy, and there were colour-coded chopping boards for safer food preparation, cleaning schedules for kitchen equipment and procedures to guide safe food practices, for example, temperature checking. Staff were provided with training in food hygiene on a periodic basis.

The provider had policies and procedures in place for the contingencies in the event of a suspected or confirmed outbreak of COVID-19 in the designated centre, along with risk assessments and control plans for different risks associated with COVID-19 for individual residents. Residents had isolation plans to guide their supports should they need to isolate in order to prevent transmission of an infectious disease. Each resident had their own individual bedroom and were supported by the staff team during times of required isolation to ensure their wellbeing.

Overall, residents were afforded with a homely, clean and safe environment to live, that was minimising the risk of transmitting a healthcare-associated infection. However, as mentioned above, some improvements were required to the premises to ensure adequate longterm solution to mould in resident's bedroom, to address the heating of the conservatory and cleaning of the roof.

Regulation 27: Protection against infection

Overall, the provider, person in charge and staff team demonstrated good practice in relation to infection prevention and control, and were found to be substantially compliant with regulation 27: protection against infection, and had made efforts to implement the National Standards for infection prevention and control in community

services (HIQA, 2018).

The person in charge and staff team were promoting residents to take ownership of their home tasks and chores, and the approach to infection prevention and control in this community based designated centre was through engaging residents to take the lead and to learn and understand how to protect themselves from infection risks. General decontamination of communal areas was carried out by the staff team, with systems of oversight in place.

The provider demonstrated that they were protecting residents from the risk of infection, through their governance and management structure and the care arrangements being delivered with the designated centre. There were detailed policies and procedures in place to guide staff practice, and these were based on evidenced based information.

There were oversight arrangements in place to ensure infection prevention and control was reviewed, monitored and improved upon, through both local audits and as part of the provider's wider auditing systems.

The provider and person in charge had contingency plans in place to manage COVID-19 risks. There were structures in place to consistently review and monitor these risks and adapt control measures in response to changing circumstances or information.

Overall the provider demonstrated that they were protecting residents from the risk of infection. This inspection found evidence of good practice, but also identified areas for further improvement. These are as follows:

- recurrence of mould present in a resident's bedroom
- Conservatory heating and ventilation, and dirty roof panels
- Repair of flooring edging
- Painting of handrails and walls

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 Ocean House OSV-0007912

Inspection ID: MON-0038108

Date of inspection: 06/12/2022

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">- Recurrence of mould present in a resident's bedroom Damp Surveyor is booked in to assess the mould on Wednesday 11th January 2023. Date of completion of work will depend on the findings of the report but it is anticipated that the work will be completed by 30th June 2023.- Conservatory heating and ventilation and dirty roof panels Two plug-in radiators have been supplied to ensure adequate heating in the winter. Two fans have been purchased and are in place to provide ventilation. The roof panels have been cleaned. Completed 09/01/2023- Repair of flooring edging New replacement edging to be fitted. Completion date: 28/02/2023- Painting of handrails and walls Completion date: 30/06/2023	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/06/2023