



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

Issued by the Chief Inspector

Name of designated centre:	Kilcarra
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	06 October 2022
Centre ID:	OSV-0001708
Fieldwork ID:	MON-0035752

About the designated centre

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

Kilcarra provides residential care for men and women who are over the age 18 years. The centre comprises a five bedroom bungalow in a rural area close to a large town. Kilcarra supports people who have severe and profound learning disabilities and may also have physical disabilities. All residents have a high level of dependency. The residents in Kilcarra receive a wraparound service which looks at community inclusion and providing opportunities for residents to experience activities and events which can enhance and improve the quality of their life. There is a full-time person in charge and dedicated team to ensure that all residents receive the highest standard of quality care. There are staff available to support residents all day, seven days a week and sleepover at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 6 October 2022	10:30hrs to 16:15hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation.

Upon arrival to the centre, the inspector observed staff wearing personal protective equipment (face mask) that was in line with the current public health guidance, and there was COVID-19 signage, hand-sanitiser and face masks at the front door.

The centre comprised a large house in a rural setting. The centre was close to a large local town, and there was a dedicated vehicle available to facilitate residents to engage in activities outside of the centre. The inspector completed a thorough walk-around of the centre in the company of the person in charge. The centre was found to be nicely decorated and furnished, clean, homely and warm. There was adequate communal living space including a spacious and comfortable living room, and kitchen/dining room. While some minor upkeep, was required, for example painting, overall, the centre was well-maintained.

The inspector observed a good supply and variety of food in the kitchen for residents to choose from. Residents had their own bedrooms which were decorated in accordance with their personal tastes and preferences. The laundry room was at the rear of the house and contained a washing machine, tumble dryer, and cleaning equipment. Some residents used mobility aids and equipment such as hoists and electric beds. The inspector found that the servicing of the equipment was up to date. One shower chair required repair and the inspector was advised that a replacement one had been ordered. There was sufficient indoor and outdoor storage facilities.

There was a large front and back garden with bright flowers and planting beds. The front garden offered nice vistas of the countryside, and there was a seating area and swings for residents to use. The person in charge told the inspector about the plans to install a large covered seating area that residents could enjoy all year round. The ramp at the side of the house had been extended since the previous inspection of the centre to better support residents in safely exiting the building.

The inspector met all of the residents living in the centre. The residents did not verbally communicate with the inspector or express their views on IPC matters, however they appeared content and relaxed in their home. The residents did not attend day service programmes, and were supported by staff in the centre with their social and leisure activities. During the inspection, some residents were observed spending time in the garden and relaxing in the centre, and others participated in community activities such as going carriage riding and to an indoor sports park.

The opportunity did not arise for the inspector to meet any of the residents' representatives. However, the provider had consulted with the residents' families as

part of the most recent annual review on the quality and safety of care and support provided in the centre. The person in charge had translated one of the surveys into one family's first language to enable their participation. The feedback from the families was positive and indicated satisfaction with the service provided to their loved ones.

The centre was managed by a full-time person in charge and staffed by a team of social care workers. The person in charge was satisfied that the staff skill-mix was appropriate to the needs of the residents. There were some staff vacancies due to planned leave, however the provider was recruiting for the vacancies, and the person in charge endeavoured to book staff that were familiar with the centre to support consistency of care for residents.

The inspector met and spoke with different members of staff during the inspection. The inspector observed staff engaging with residents in a kind and respectful manner, and they spoke about them warmly and professionally. Some residents used manual signs to communicate and staff appeared to understand and respond to this means of communication. It was clear that the person in charge and staff knew the residents very well and had a strong rapport with them.

The person in charge and staff spoken with described the quality and safety of care and support provided to residents as being very good. They advised the inspector that the staff team in the centre were committed to delivering a high standard of service, and that residents had good access to multidisciplinary supports and services as required. They spoke about how staff supported residents to be active in their communities and make choices and decisions in their daily lives. The inspector heard staff offering residents choices during the inspection, for example, choosing what clothes to wear. Staff had no concerns about the service, but advised the inspector that they felt confident in raising any potential concerns.

Staff told the inspector about some of the community based activities that residents enjoyed, such as going to cafés and pubs, cinema, swimming, indoor sports parks, day trips, and carriage riding. Some staff advised the inspector that the current vacancies could present challenges in being able to always support residents to avail of community activities, however for the most part these challenges were well managed to minimise any impact on residents. Some residents enjoyed going on holidays. Two residents were planning on going on a four night holiday in an activity resort, and another resident was planning a train trip to Wexford for an overnight hotel break. Within the centre, residents enjoyed sensory activities, listening to music, streaming movies, using smart tablet devices, and spending time in the garden.

The centre had experienced a COVID-19 outbreak in April 2022. The person in charge and staff advised the inspector that the outbreak was managed well and that all persons affected recovered, and this is discussed further in the report. The person in charge had no particular IPC concerns and was satisfied that the measures implemented in the centre were effective. Staff spoke to the inspector about some of the IPC measures implemented in the centre, and they demonstrated a good

understanding of the matters discussed.

The provider had ensured that the compatibility of residents living in the centre was appropriate, and there were no safeguarding concerns. Staff completed training in the safeguarding of residents, and there were procedures for them to follow in the event of a safeguarding concern. There was guidance on the safeguarding procedures displayed on the staff notice board for them to refer to, and safeguarding was a standard agenda item at team meetings. Team meeting minutes also reflected regular discussions on topics such as complaints and the Assisted Decision-Making (Capacity) Act 2015. The inspector observed the complaints procedure displayed in the centre for residents to refer to, and there was information on independent advocacy services in the centre.

There were no visiting restrictions implemented in the centre. There were some environmental restrictions, however they were used for limited times and did not appear to significantly impact on residents. Some residents required support with behaviours of concern, and positive behaviour support plans were available to guide staff on this.

Overall, the inspector found that the provider and person in charge were ensuring that a human rights-based approach to care and support was delivered in the centre, and that residents were being supported in line with their needs and preferences. The inspector also found that there were good infection prevention and control (IPC) practices and arrangements in place, and the provider was taking measures to protect residents from the risk of healthcare-associated infections.

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.

Capacity and capability

Overall, the inspector found that the registered provider had implemented arrangements and systems to support the delivery of safe and effective infection prevention and control (IPC) measures.

There was a clearly defined governance and management structure for the centre. The person in charge was full-time and responsible for two designated centres. They were supported by a deputy manager, and reported to a senior manager. The person in charge demonstrated a very good understanding of the residents' care and support needs. The person in charge provided good supervision and support to staff. In the absence of the person in charge, staff could contact the deputy manager or senior manager, and there was also an on-call system to escalate issues outside of normal working hours.

In relation to IPC matters, the provider's infection prevention and control (IPC)

committee provided guidance and direction to the centre. They met regularly and as required, for example, in the event of an infection outbreak. The committee and the provider's human resource regularly shared relevant updates on COVID-19 and IPC matters with the centre. The provider had recently upskilled three of its staff in the area of IPC in order for them to undertake additional responsibilities that would strengthen the governance of IPC across the provider's centres. Within the centre, there was a COVID-19 lead worker representative. They spoke to the inspector about the additional training they completed required for this role, and their associated responsibilities, such as monitoring the stock of personal protective equipment (PPE) and maintaining documentation.

The provider had prepared a written policy on infection prevention and control (IPC) which was available in the centre for staff to refer to. The person in charge also maintained a COVID-19 folder in the centre that contained relevant information, for example, guidance on the use of personal protective equipment (PPE). The provider had ensured that there was an adequate supply of PPE in the centre, and there were arrangements to easily access more if required.

The provider had implemented systems to monitor the infection prevention and control (IPC) arrangements in the centre. The recent six-monthly unannounced visit report had reviewed aspects of regulation 27, and identified areas for improvement. The annual review had made very limited reference to IPC, however none to COVID-19. A health and safety audit, carried out in June 2022, reviewed aspects of IPC including COVID-19 precautions, PPE, lead worker representative arrangements, hand sanitising facilities, and cleaning schedules. Monthly housekeeping audits also reviewed aspects of IPC, such as cleanliness of the centre, waste arrangement, and hand washing facilities. Areas identified for improvements were found to be actioned and progressed, for example, environmental repairs. The person in charge had also completed a self-assessment tool to assess the effectiveness of the IPC arrangements which indicated that they were sufficient. There had been no provider-led standalone IPC audit. However, the provider had developed an audit which had been piloted in other centres, and planned for it to be soon rolled out across all of its centres.

The person in charge had completed COVID risk assessments, however the inspector found that some required minor updates, for example, to reflect changes in visiting guidance.

The provider and person in charge had developed outbreak and isolation protocols and plans to be followed in the event of residents or staff contracting COVID-19 in the centre. The plans and protocols were detailed and made reference to staffing contingencies, supports required by residents to self-isolate, use of PPE, cleaning arrangements, waste, and laundry management. However, they required assimilation to ensure that staff could easily refer to the relevant guidance, and expansion to encompass other infections beyond just COVID-19.

Staff had completed training in infection prevention and control (IPC) to support them in understanding and implementing IPC measures. The provider had also made immunisation programmes available to them. Staff spoken with told the

inspector about some of the IPC measures implemented in the centre and about aspects of their IPC training, such as hand hygiene, use of personal protective equipment (PPE), and COVID-19 measures. They also told the inspector about the cleaning schedules, and use of chemicals and equipment. They advised the inspector that the recent COVID-19 outbreak had been challenging, but that the outbreak plans and support from management had been useful. They did not have any IPC concerns, but advised the inspector that they could escalate any potential concerns to the person in charge, deputy manager, or the provider's IPC committee.

COVID-19 and IPC matters were frequently discussed at team meetings to inform and remind staff of the most up-to-date guidance. The inspector viewed a sample of the meeting minutes which noted discussions on use of PPE, IPC policy, cleaning arrangements, management of spills, and outbreak plans. There had also been discussions on IPC inspections which had taken place in some of the provider's other centres to promote shared learning and improvement.

Quality and safety

The inspector found that the provider has ensured that the practices and care arrangements implemented in the centre supported a good standard of infection prevention and control.

There had been no recent admissions or discharges in the centre. The person in charge had ensured that residents' individual needs had been assessed to inform the development of care plans. The inspector viewed a sample of the residents' health and social care plans and found that they were up to date. The plans were readily available to staff to guide them on the interventions required by residents. 'Patient passports' had also been prepared for residents in the event of a hospital admission, the passports outlined the resident's medical history and the supports they would require in hospital.

Staff also completed relevant training to support residents with their care and support needs, for example, training in dementia and dysphagia. Residents had their own general practitioners, and had good access to a range of multidisciplinary team supports, including speech and language, positive behaviour support, occupational therapy, and psychiatry. Residents were also supported to avail of immunisation programmes, if they wished.

There were good hand hygiene facilities throughout the centre, including hand sanitiser, and hand washing sinks with soap, paper towels, and warm water. There were appropriate waste receptacles in the centre, for example, foot operated pedal bins in bathrooms. The inspector observed guidance on hand hygiene displayed in the bathrooms, as well as posters on COVID-19 and use of personal protective equipment (PPE) elsewhere in the centre.

There were good arrangements for the management of soiled laundry and bodily fluid spills, for example, documented guidance, alginate bags, and spills kits.

The centre was observed to be clean, free of clutter, and generally well maintained to mitigate potential infection hazards. Staff completed cleaning duties in addition to their primary roles. There was an adequate stock of cleaning chemicals in the centre and associated safety data sheets were available on-line for staff to access. Colour-coded cleaning products for use in different areas of the centre were used as a measure against the risk of cross contamination of infection. Residents did not share personal equipment, for example, shower chairs which could pose a risk of infection transmission if shared.

There were cleaning and sanitising schedules for staff to complete. The inspector found that the schedules required minor enhancement to record the cleaning of items such as shower chairs.

The centre had experienced a COVID-19 outbreak in April 2022, the person in charge advised the inspector that the outbreak was managed well and in line with the associated outbreak plans and protocols, and that all of the persons affected recovered well. There had also been good support from senior management and the provider's IPC committee. Staff advised the inspector that they had supported residents when they were isolating by providing assurances and facilitating phone calls and video calls with their families. However, the outbreak had not been formally reviewed which could provide an opportunity to identify potential learning to strengthen the outbreak plans.

Regulation 27: Protection against infection

The registered provider had developed and implemented good systems and processes to prevent, control, and protect residents from the risk of infection. Minor improvements were required to strengthen these systems. However, overall the inspector found that residents were receiving safe and quality care in line with their assessed healthcare needs, and there were practices which were consistent with the national standards for infection prevention and control (IPC) in community services.

The provider had prepared a written policy on IPC matters which was readily available for staff to refer to. Staff also had access to up-to-date IPC and COVID-19 guidance issued from the provider.

The provider and person in charge had implemented systems for the oversight and monitoring of IPC measures in the centre, including audits and assessments to identify areas for improvement. The provider was also planning on introducing a specific IPC audit that had been recently piloted in another centre. The person in charge had completed risk assessments on IPC matters, including COVID-19. Some of the risk assessments were found to require minor update.

Staff working in the centre had completed training in infection prevention and

control matters. They demonstrated a good understanding of the IPC matters discussed with the inspector. IPC and COVID-19 was regularly discussed at staff meetings to ensure staff were aware of the IPC precautions implemented in the centre and any updates.

Residents and staff had been supported to avail of immunisation programmes. Residents' healthcare needs had been assessed which informed the development of care plans. They also had good access to health and multidisciplinary services.

There were sufficient facilities for hand washing, and good arrangements for the management of waste and soiled laundry. There was an adequate supply of personal protective equipment (PPE) and cleaning chemicals (with safety data sheets) in the centre. The centre was found to be clean, however the cleaning schedule required minor enhancement to record the cleaning of all required items, for example, shower chairs.

The centre had experienced an outbreak of COVID-19 earlier in the year which was managed well. The different outbreak plans and protocols would benefit from assimilation and by considering other potential infections.

Judgment: 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	Compliant