



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

Issued by the Chief Inspector

Name of designated centre:	Haughton House
Name of provider:	St Catherine's Association CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	24 October 2022
Centre ID:	OSV-0001850
Fieldwork ID:	MON-0035807

About the designated centre

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

Haughton House is a children's respite service operated by St. Catherine's Association in County Wicklow for children with an intellectual disability. The centre has a capacity for up to four children at any one time from six to 18 years of age. The centre is managed by a person in charge. The person in charge is supported by a deputy manager who also engages in the day-to-day management and operation of the centre. Staffing resources are allocated to meet the needs of children attending the centre at any given time and short stay breaks for children are managed taking into consideration children's ages, friendships and the needs of families. The premises consist of a single storey building which provides a sensory room and recreation spaces inside. Each child is provided a single bedroom during their stay. There is a garden to the rear of the centre with plenty of sensory and play equipment for children to play with.

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
Monday 24 October 2022	09:45hrs to 16:45hrs	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 inspector was also asked to declare that they did not have any COVID-19 symptoms.

The centre comprised a large purpose built bungalow located beside two of the provider's other centres. The centre was close to local towns, 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, and bright. There was adequate communal space including a kitchen, dining room, sensory room, family room, and living rooms. The bathroom and shower rooms were spacious, and there was adequate storage facilities. There was a dedicated laundry room that contained a washing machine, tumble dryer, and cleaning equipment. All of the bedrooms were single occupancy and decorated to be age appropriate. Some of the furniture in the centre had been recently upgraded to support optimum hygiene standards, for example, the fabric on the new sofa was easy to clean. Electrical equipment used by residents, such as hoists and electric beds, had records indicating that they were up to date with servicing.

There was a large back garden and outside space for the children to enjoy. The outdoor facilities included goal posts, trampolines, play houses, swings, a zip line, and sensory aids such as musical instruments. There was also a nice front garden area decorated with pumpkins for Halloween. There were bright Halloween decorations in the centre on the day of inspection.

The inspector observed posters and signage on complaints, bullying, and infection prevention and control for the residents to refer to. The fire evacuation procedure was displayed in an easy-to-read format. There were other visual aids to support the children make choices, for example, there was a picture menu in the dining room for them to choose their meals from, and there were pictures in the bathroom to help them make decisions about their personal care. There were also pictures on the doors of the bedrooms to indicate how many nights each child would be staying in the centre. The inspector also observed a large variety of sensory aids, toys and games for children to play with.

Some upkeep to the premises was required, for example, the provider and person in charge had identified that painting and better flooring was required in areas of the house. Some of the furniture in the centre and mobility equipment used by residents also required attention to promote optimum infection prevention and control

arrangements. The premises and cleanliness of the centre are discussed further in the quality and safety section of the report.

During the walk-around of the centre, the inspector tested several of the fire doors to check that they closed properly when released. One door did not close fully, however the person in charge arranged for the door to be fixed before the inspection concluded. The inspector also noted that the intumescent strips of several doors were painted over. Following the inspection, the inspector sought assurances from the provider that the effectiveness of the fire doors was not compromised due to the painting of the strips.

The centre offered respite services for up to 22 children, they will be referred to as residents for the remainder of the report. The duration of the residents' stay varied from child to child. Some residents used the service on a very regular basis, however the average stay was one night per month. Some residents stayed longer, for example, to facilitate family breaks or on specific request. The person in charge had ensured that the compatibility of the residents was appropriate to reduce the likelihood of potential peer to peer safeguarding concerns.

There were no visiting restrictions implemented in the centre. There was a small amount of restrictive practices, however the rationale for use was clear and there were good arrangements to oversee the implementation of the restrictions.

The person in charge was very complimentary of their staff team, and was satisfied that the complement and skill-mix which consisted of social care assistants, social care workers, and nurses was appropriate to the residents' needs. The person in charge maintained planned and actual staff rotas. The inspector viewed a sample of the rotas and found that a minor enhancement was required which the person in charge made during the inspection. The staffing skill-mix and levels were determined by the assessed needs of the residents which could vary from day-to-day depending on the cohort of residents.

There was a deficit in the nursing complement which the provider was recruiting for. The person in charge utilised regular relief staff to cover vacancies, and the staff were familiar with the residents and their associated needs to support consistent care. There were occasional set closures and cancellations of respite services due to staffing challenges. The person in charge endeavoured to minimise any impact on the residents by forward planning as much as possible and offering residents alternative stays.

On the day of the inspection, there were three residents using the service. The inspector met them in the afternoon when they returned from school. The residents did not verbally communicate their views with the inspector, however appeared comfortable in the centre. One resident led the inspector to the garden room to show them a video they enjoyed watching. The inspector observed the residents to have free access within the centre, and staff engaged with them in a warm and kind manner. There appeared to be a good rapport between them.

The provider had consulted with the residents and their representatives as part of the recent annual review. Staff supported residents to participate in the annual

review through use of visual aids, manual signs, and verbal explanations, and their feedback indicated satisfaction with the service. A small number of the residents' representatives provided feedback. Their feedback was generally positive, but there was some dissatisfaction expressed relating to communication, and the residents' education and personal plans. This feedback had been addressed by the person in charge.

Residents had the opportunity to attend house meetings if they wished. The inspector viewed a sample of the recent meeting minutes. Some of the minutes noted that communication devices and visual aids were used to support residents' involvement and participation. Activity planning and safety matters were common topics discussed at the meetings, and infection prevention and control precautions were occasionally discussed.

Residents were supported to engage in fun activities within the centre and in the community. The person in charge maintained records of the activities that residents engaged in which included visiting pet farms, nature walks, parks, swimming, eating out, shopping, playing in the garden, sensory activities, and using smart devices. Other recent outings included the circus and a music festival organised for people with disabilities. A trip to a pumpkin farm was planned during the Halloween festivities.

The inspector spoke with several members of staff during the inspection including the person in charge, deputy manager, and social care staff. The person in charge had a clear understanding of the service to be provided in the centre, and demonstrated a rich understanding of the residents' needs. They were promoting a rights-based approach to care and support in the centre.

The person in charge and staff spoken with expressed that in their opinions the quality and safety of the service provided to the residents was very good and they had no concerns. Staff advised the inspector on how residents were supported to make choices during their stays, for example, using choice boards to choose meals and plan activities. They also told the inspector about some of the residents communication means such as manual signs, gestures, and picture aids.

Staff also spoke about some of some of the infection prevention and control measures implemented in the centre, and these matters are discussed further in the report.

The centre had experienced an outbreak of COVID-19 in July 2022 resulting in the service closing for two days. The person in charge advised the inspector that the outbreak was managed well and with very good support from the provider's IPC team.

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. However, some improvements were required to meet optimum IPC standards, for example, cleaning arrangements and some aspects of the premises.

Overall, the inspector found that the provider and person in charge were ensuring that a rights-based approach to care and support was delivered in the centre, and that residents were being supported to have an enjoyable and positive experience when using the respite service.

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 that were consistent with the national standards, however some improvements were required to strengthen the measures.

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

In relation to IPC matters, the provider's IPC committee provided guidance and direction to the centre. They met quarterly and as required, for example, in the event of an infection outbreak. There were also regular COVID-19 meetings for managers to discuss any COVID-19 updates for implementation in their respective centres. The provider had appointed an IPC lead and they provided good support and oversight of the IPC measures in the centre. They also shared updates on IPC matters, for example, updates on personal protective equipment (PPE) was issued in June 2022. The person in charge had recently attended a public health IPC webinar, and had implemented the learning in the centre to enhance the measures.

The provider had prepared a written policy and guidelines on infection prevention and control (IPC) which were available in the centre for staff to refer to. The policy was comprehensive, however lacked sufficient detail on the arrangements for the management of waste. The person in charge also maintained an IPC folder in the centre that contained relevant information, for example, guidance on the use of personal 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 stock was monitored, but the inspector found that the stock takes did not monitor the expiry

dates of the equipment.

The provider had implemented systems to monitor the IPC arrangements in the centre. The six-monthly unannounced visit reports were comprehensive and had reviewed regulation 27, noting areas requiring improvement. The annual review had also reflected on IPC matters, and in particular the COVID-19 pandemic. A health and safety audit, carried out in November 2021, reviewed aspects of IPC. The provider's IPC team carried out a comprehensive IPC audit in May 2022, the findings were generally good, but noted that improvements were required to the flooring. A follow-up IPC audit carried out by the person in charge in September 2022 identified similar findings. The person in charge carried out regular cleaning audits, and the inspector found that corresponding actions for improvement had been completed.

The person in charge had completed a self-assessment tool to assess the effectiveness of the IPC arrangements which indicated that they were sufficient. They had also conducted risk assessments on IPC risks in the centre, some of the risk assessments were found to require expansion to their scope.

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 however, they required assimilation to ensure that staff could easily refer to the relevant guidance, and expansion to encompass other potential infections beyond just COVID-19.

Staff completed training in infection prevention and control (IPC) to support them in understanding and implementing IPC measures. Staff spoken with told the inspector about some of the IPC measures implemented in the centre, such as cleaning arrangements, hand hygiene, use of personal protective equipment (PPE), and COVID-19 measures.

Staff also told the inspector about their knowledge of the cleaning chemicals and equipment used in the centre. They were aware of the procedure to be followed in the event of a suspected or confirmed case of COVID-19 in the centre. They advised the inspector on the arrangements for cleaning bodily fluid spills and washing soiled laundry, and the inspector found that some of these arrangements differed from what was outlined in the provider's policy. Staff spoken with did not have any IPC concerns and told the inspector that they could escalate any potential concerns to the provider's IPC lead or person in charge if required.

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 recent meeting minutes which noted discussions on use of PPE, hand hygiene, vaccines, and house keeping. There had also been discussions on the 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 (IPC). However, some improvements were required, for example, the maintenance of cleaning equipment, cleanliness, and upkeep of the premises.

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. The plans also referenced the multidisciplinary services used by residents, for example, occupational therapy, speech and language therapy, positive behaviour support, and paediatric services. Some residents were prescribed regular antibiotics which was overseen by their respective medical professional. The residents were primarily supported with their healthcare needs by their families.

As a precaution against the risk of transmission of infection, all residents were required to complete a COVID-19 form before admission. Annual medical check forms were also required which included a section on the residents' medical history. The inspector found that the forms could be strengthened by making reference to infections to ensure that any potential risks were known.

Residents had been supported to understand IPC measures through discussions at meetings, and use of social stories, signs and visual aids.

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 appropriate cleaning chemicals.

Staff were offered COVID-19 and flu vaccines. A risk assessment identified the need for a hepatitis vaccination programme to be made available to staff. The inspector was advised by the provider that they were exploring options to be able to provide this programme.

Staff completed cleaning duties in addition to their primary roles. The inspector found some minor gaps in the cleaning records. There was an adequate stock of cleaning chemicals with associated safety data sheets for staff to access. Colour coded cleaning equipment such as mops and clothes were used for different areas of the centre as a measure against the risk of cross contamination of infection. However, the inspector observed that some of the mop buckets required cleaning (new ones had been ordered) and a staff member used a mop in the living room

that was not the correct colour for that area.

Overall, the centre was observed to be clean, however some equipment used by residents required enhanced cleaning. The legs of a shower chair were grimy, and the person in charge advised the inspector that a new one had been ordered. A mobility chair in the dining room required cleaning and this was addressed by staff during the inspection. Some residents shared equipment such as a bath and shower trolley, and the inspector observed these to be clean. The residents had their own toy boxes and toiletry bags to reduce the risk of cross contamination of infection.

Areas of the premises required attention to mitigate potential infection control risks. The flooring was damaged in areas, and this had been noted in several audits. The person in charge had escalated the matter to senior management, and they were in the process of securing sufficient funding to renovate the centre which would include the flooring, painting, and upgrading of some of the furniture, such as damaged presses that presented a risk of bacteria harbouring.

The centre had experienced a COVID-19 outbreak in July 2022. The person in charge advised the inspector that the outbreak was managed well and in line with the associated outbreak plans and protocols. There had been good support from senior management and the provider's IPC team. The person in charge had also engaged with public health during the outbreak for guidance.

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. Residents were receiving safe and quality care in line with their assessed needs, and the inspector observed practices which were consistent with the national standards for infection prevention and control (IPC) in community services. However, some improvements were required to strengthen the IPC procedures and meet optimum standards.

The provider had prepared a written policy on IPC matters which was readily available for staff to refer to, however further information was required regarding waste management. Staff also had access to the relevant national standards, and up-to-date IPC and COVID-19 guidance issued from public health and the provider.

There were good IPC resources available to the centre, including an IPC lead and committee whom were available to provide guidance and support. The provider and person in charge had implemented systems for the oversight and monitoring of IPC in the centre, including audits and assessments to identify areas requiring improvement. The person in charge had completed risk assessments on IPC matters, including COVID-19. Some of the risk assessments were found to require further consideration.

Staff working in the centre had completed infection prevention and control (IPC)

training and demonstrated a good understanding of the IPC matters to the inspector. However, it was noted staff required further direction regarding the management of soiled laundry and use of colour coded cleaning equipment. IPC and COVID-19 was regularly discussed at staff meetings to ensure staff were aware of the IPC precautions implemented in the centre.

Residents had been supported to understand IPC measure through discussions and visual aids. Their healthcare needs had been assessed which informed the development of care plans. There were also arrangements to reduce the likelihood of infection being introduced into the centre, however the inspector found that some of the associated documentation could be enhanced.

There were sufficient facilities for hand washing, and 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) to be used in the centre. Generally, the centre was found to be clean. However, some equipment used by residents required cleaning, as did some of the cleaning equipment. The maintenance of the cleaning records required minor enhancement.

The centre was well equipped, nicely decorated, and designed to meet the needs of the residents. However, some upkeep was required to mitigate potential infection hazards such as damaged flooring.

A recent COVID-19 outbreak had been managed well, however the associated plans and protocols were found to require assimilation and expansion to consider other potential infections.

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 Haughton House OSV-0001850

Inspection ID: MON-0035807

Date of inspection: 24/10/2022

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"> • Some upkeep to the premises was required, for example, the provider and person in charge had identified that painting and better flooring was required in areas of the house. – a business case has been submitted and awaiting allocation of funds from the funder. • Some of the furniture in the centre and mobility equipment used by residents also required attention to promote optimum infection prevention and control arrangements. – furniture replacement is part of the business case to the funder. Equipment cleaning list has been enhanced and is subject to audit by centre management. Completed 8/11/22 • The policy was comprehensive, however lacked sufficient detail on the arrangements for the management of waste. – Infection Control Policy is currently being reviewed and will include detailed arrangement for the management of waste. 31/1/23 • The stock was monitored, but the inspector found that the stock takes did not monitor the expiry dates of the equipment. – Audit tool to be amended to include expiry dates. 31/11/22 • some of the risk assessments were found to require expansion to their scope. – Risk assessments have been reviewed and updated. Completed 7/11/22 • The plans and protocols were detailed however, they required assimilation to ensure that staff could easily refer to the relevant guidance, and expansion to encompass other potential infections beyond just COVID-19. – Infection Control Policy is currently being reviewed and to include all infectious diseases. 31/1/23 • the inspector found that some of these arrangements differed from what was outlined in the provider's policy. – Staff were provided with a copy of the IPC Policy and associated guidance documents and protocols and signed for receipt and reading of same. Completed 7/11/22 • Annual medical check forms were also required which included a section on the residents' medical history. The inspector found that the forms could be strengthened by making reference to infections to ensure that any potential risks were known. – Form to 	

be reviewed, updated and implemented by the Personal Plan Development Group
31/1/23

The legs of a shower chair were grimy, and the person in charge advised the inspector that a new one had been ordered. – Awaiting delivery 31/12/22

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	31/03/2023