



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

Issued by the Chief Inspector

Name of designated centre:	Castlebar Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	01 March 2023
Centre ID:	OSV-0002672
Fieldwork ID:	MON-0039418

About the designated centre

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

Castlebar supported accommodation provides a full-time residential service to four residents for 52 weeks per year. The centre is located in a large town in Co. Mayo and is central to the local amenities in the town. There are two females and two males living in the service. All residents have a mild learning disability and one resident also has a physical disability. The service consists of a large two-storey detached building in a housing estate in the town. Residents are supported by one social care staff member in the morning and the evening with a staff sleepover at night. The centre also has an apartment attached to the side of the house, where one individual who has transitioned out of the service lives; however, this apartment is not registered with HIQA and staff do not provide support to this individual.

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
Wednesday 1 March 2023	11:00hrs to 15:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). It was clear from observation in the centre, conversations with staff and information viewed during the inspection, that residents had a good quality of life, choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was clear that the management team and staff prioritised the wellbeing and quality of life of residents, however improvements were required to the maintenance and upkeep of the centre to ensure that all areas could be cleaned effectively in line with organisation policy but were also outstanding following the previous inspection completed in .

On arrival at the designated centre, the inspector saw that here was hand hygiene facilities and masks readily available, and that a visitor sign-in-system and temperature check system was in place which the provider maintained in line with current public health guidelines. As said previously this was an unannounced inspection and all staff were observed wearing surgical masks in accordance with the current health services guidelines.

Whilst many of the areas were clean, some basic cleanliness issues had been overlooked, and are described later in this report. Communal areas, were all recently cleaned and the bathrooms, both private and communal were visibly clean. Both the kitchen and laundry facilities were clean, and although there were various maintenance which required attention in order to ensure effective IPC. The inspector reviewed audits and the maintenance records, and found that while some of these areas had been identified by the provider, there was no time bound plan in place to address the maintenance required in this centre.

The centre was equipped to meet the specific needs of the people who lived there and to enhance the levels of safety and comfort for them. Suitable facilities, furniture and equipment were provided to meet the needs of residents. Some features included individualised bathroom facilities with appropriate facilities. There were televisions, a wide selection of games, DVD's and music choices available for residents' entertainment and internet access.

There was adequate communal and private space for residents. This house had a large sitting room, well equipped kitchen, dining room and sun room and utility room with laundry facility. All residents had their own bedrooms and were not present at the time of the inspection therefore, the inspector respected their right to privacy. There were sufficient bathrooms in the centre to facilitate residents as per their support needs.

There was evidence that the team leader, person in charge and staff team were actively soliciting the views of residents, and their families and friends, and that they

were acting on feedback received. Residents had returned to many opportunities curtailed by public health restrictions, and residents were encouraged and supported in accessing community activities.

Each resident had a clearly defined activity schedule, which was available to them in an easy-read format where required and displayed for them to refer to. There were various other examples of information available in an accessible format, including about vaccines and infectious diseases.

Overall, whilst there were various strategies in place in relation to IPC, and current public health guidance was being adhered to, items including cleanliness and documentation required attention to ensure that residents were always safeguarded against the risk associated with infectious diseases.

Capacity and capability

There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge, however improvements were required to the oversight and in the maintenance and risk management, which will be further discussed in this section and the next section.

Policies and procedures were in place in accordance with current best practice, and included guidance in relation to IPC and infectious diseases such as COVID-19 and influenza. There was clear guidance for staff in these policies and staff could discuss the issues addressed in them. All the policies had been signed by each staff member to indicate that they had read them.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an infectious disease in the centre. This contingency plan had been regularly reviewed in light of updated public health guidelines. There was guidance in relation to the management of suspected or confirmed cases of an infectious disease, and detail about visits, the use of personal protective equipment, and the management of visitors.

An outbreak of COVID-19 had occurred in the centre, and the centre's contingency plan had been implemented. A post outbreak review had been completed.

Improvements were required by the provider to ensure effective IPC arrangements were in place in this centre. This included recognition and implementing an improvement plan in relation to the maintenance works required in this centre, which included; paintwork throughout the centre, addressing the damp evident in the utility room as seen on damaged paintwork, and while the mould in the utility room had been cleaned this was reported as ongoing issue regardless of cleaning. The inspector found on the day of the inspection damp clothes were being dried in this room with no appropriate ventilation. In addition, the inspector found that while

bathroom was clean there was a strong odour was evident and no action was in place to address this and staff spoken with stated this had not been recognised by the provider. Furthermore, the provider had not recognised that the risk management plan for a residents medical condition was not appropriately risk rated, and therefore, did not have the relevant controls in place to mitigate the risks.

Six-monthly unannounced visits on behalf of the provider had been undertaken. Audits reviewed during these visits included staff training and current management of IPC. In addition, the required IPC self assessment had been completed, and various additional audits had been undertaken and some areas of maintenance were identified, but as said previously were not actioned effectively.

Staff numbers and skill mix were appropriate to meet the needs of residents, and they were supported by both nursing and social care staff. The inspector found staff knowledgeable, both in relation to individual needs of residents, and the required practices in relation to IPC. IPC practices were observed to be in line with current guidelines, including hand sanitising and appropriate mask usage.

Regular staff meetings were held, and IPC was discussed at these meetings, and the importance of adhering to current public health guidelines reiterated.

Quality and safety

The inspector found that significant improvement was required in the management of IPC in the centre and to maintain the well being of residents. This included significant improvements in relation to maintenance and documentation, in relation to risk management in the centre.

The centre was one house, on the outskirts of a large town. The location of the centre enabled residents to visit the shops, coffee shops, restaurants, bar and other activities in the town. The centre had dedicated, wheelchair-accessible transport, which could be used for outings or any activities that residents chose. Some of the activities that residents enjoyed included outings to local places of interest, sensory activities, going out for coffee and restaurant meals, housekeeping tasks, table-top games and crafts, personal treatments and music. There was also a well maintained and furnished accessible garden where residents could spend time outdoors.

A supply of colour coded cleaning equipment and materials such as mops, cloths and buckets was provided in addition to an adequate supply of cleaning materials. Both houses had laundry facilities for washing and drying clothes and the laundry of potentially infectious clothing and linens was being managed in line with good practice. However, improvement was required to this facility as damp was evident on the wall around the washing machine. The paintwork was damaged, lifting and as a result could not be cleaned effectively. There was a plentiful supply of face masks, and staff were wearing face masks at all times during the inspection.

Good waste management arrangements were also in place in the centre which increased infection control safety. Refuse collection was supplied by a private contractor and bins were suitably and hygienically stored while awaiting collection. Arrangements were also in place for the segregation, storage and disposal of clinical waste.

Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Residents were supported to access vaccination programmes if they chose to, and were assisted to make informed decisions about whether or not to become vaccinated. Improvements were required to a risk assessment in regard to a medical condition, as the assessment in place was generic and not specific to ensure that all staff were guided in their practice clearly.

Overall, whilst there were various strategies in place in relation to IPC, and current public health guidance was being adhered to, items including cleanliness and documentation required attention to ensure that residents were always safeguarded against the risk associated with infectious diseases.

Regulation 27: Protection against infection

IPC arrangements in the centre did not protect residents from the risk of infection and required improvement:

- risk assessment for infectious conditions was generic and not specific to a residents' assessed needs.
- Mould was noted in downstairs bathroom attached to residents bedroom, also had a strong odour experienced by the inspector and staff on duty.
- While mould was noted in the conservatory, this was clean on the day of the inspection but there was no plan in place should the mould return or to prevent further spread in the centre.
- The paintwork and plasterwork were bubbling, breaking and deteriorating on two walls close to the laundry facilities.
- A bin was noted to be open with no lid, and was not a pedal bin in a downstairs bathroom.
- Minor paintwork required internally throughout the centre on woodwork and on walls.
- Worktop in kitchen had minor damage in three areas which posed challenges to

effective cleaning.

-The Carpet on the stairs were noted to be frayed, lifting, marked and discoloured in places.

Judgment: Not 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	Not compliant

Compliance Plan for Castlebar Supported Accommodation OSV-0002672

Inspection ID: MON-0039418

Date of inspection: 01/03/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Risk assessments for infectious conditions has been revised by team leader, PIC and internal Quality and Governance department. They are now more specific for residents needs and more informative for the staff team. • The mould that was noted in the downstairs bathroom has since been identified as leak from the upstairs toilet. Leak has been fixed. Ceiling will be repainted by the maintenance company beginning week of 15th of May and will take approximately 1 week to complete. The maintenance team will also check to verify if the extractor fan in the downstairs bathroom is properly functional. • Plan in place to prevent the return on mould in the centre. This has been developed by team leader and PIC and with input from our internal health and safety team. • Preparation, painting & decorating works in the utility area are scheduled for 15th of May and will take one week to complete. • A new touch top waste bin is now in place in the downstairs bathroom. Regular cleaning of the bin and the touch top area have been added to the enhanced cleaning schedule. • Preparation, painting and decorating works throughout the centre are scheduled to begin on 15th of May 2023 and will take one week to complete. • A new worktop will be fitted. This is scheduled to begin on the 15th of May 2023 and will take one week to complete. • A new carpet on the stairs and upstairs landing area will be fitted. Work is scheduled to begin on the 15th of May and will take one week to complete. 	

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.	Not Compliant	Orange	23/05/2023