



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 1
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	08 December 2022
Centre ID:	OSV-0004076
Fieldwork ID:	MON-0036131

About the designated centre

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

This designated centre comprises of two bungalows next door to each other at the end of a small cu-de sac on the outskirts of a small town in Co. Kildare. The centre provides full-time residential service for seven adults with intellectual disabilities. One of the houses consists of five bedrooms, bathroom, toilet area , kitchen, sitting room, small hallway and small garden to the front. The other house consists of five bedrooms, two bathrooms, kitchen/dining room and two sitting rooms. This house has a garden to the back of the house. There is a car available to both houses. The person in charge divides her working hours between the two houses in this designated centre. The designated centre employs 4.5 social care workers, 3 support workers, one care assistant, 1 nurse, and one facilitator/supervisor.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 8 December 2022	10:00hrs to 17:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This unannounced inspection took place to assess the provider's compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control (IPC) in Community Settings (HIQA, 2018). Overall, the inspector found that the registered provider had good governance and management arrangements in place to ensure that IPC procedures and practices were in line with the National Standards for IPC compliance with the standards.

The designated centre comprises two houses in a cul-de-sac within walking distance of a town in Co. Kildare. The first house is home to two residents. It is a three bedroomed bungalow which comprises three bedrooms, a bathroom, a toilet area, a kitchen, sitting room, staff room, relaxation room and utility room. The house had been recently painted and was in a good state of repair. Since the last inspection, one resident moved to another setting, while another resident had moved in. The inspector had the opportunity to speak with both of the residents and the staff member on duty. One of them spoke about their plans to move their activity room to another room in the house. Residents had attended bingo earlier in the day and were planning on their evening meal as the inspector was leaving. They spoke about plans for Christmas and showed the inspector their artwork which was around the house. Both residents reported to be happy in their home.

The second house is a large five-bedroomed bungalow which is home to four residents with complex health and social care needs. This house had five bedrooms, two bathrooms, two sitting rooms, a utility space and a large kitchen. The house had been recently painted and residents had chosen the colours for their bedrooms. On arrival to the house, the residents were being supported with their their morning routines. One of the residents was sitting watching television. Two of the residents were eating breakfast. Residents spoke about where they were from and what their plans were for Christmas. Another resident showed the inspector a large jigsaw which they had completed and was knitting. One resident told the inspector that they liked living in the house , having lived in many other houses and another told the inspector that they 'loved' it. They spoke about staff and told the inspector that they were 'very good' to them.

A review of minutes from residents' meetings indicated that these meetings included discussions on hand hygiene, cough and respiratory etiquette and COVID-19. There was easy-to-read information available on a number of IPC-related topics such as MRSA, sepsis, hepatitis and the use of antibiotics. It was evident that residents were supported to make decisions about their routines and this included making decisions about health care interventions such as vaccinations and PCR testing. Individual isolation profiles were in place for each resident.

In summary, from what the residents and staff told the inspector, what was observed and from a review of documentation, the inspector found that this centre had put a number of measures in place to protect residents from healthcare-

associated infections. It was evident that residents were comfortable and content in their homes and living in houses which were well suited to their needs. As stated earlier, some improvements were required in the areas of risk management and staff training. These are detailed in the body of the report. The next two sections of the report will outline the findings of the inspection in relation to governance and management arrangements and how these arrangements affected the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the registered provider had put a number of measures in place to ensure that residents were protected from healthcare-associated infections. There was an IPC leadership, governance and management committee in place. Membership of this committee included the Regional Director and Area Directors. All persons in charge in the region had a specific IPC meeting once a quarter and this forum was used to share learning across centres. The service had a nominated lead for IPC who was a clinical nurse specialist. They ensured that up-to-date guidelines were circulated to persons in charge and staff in a timely manner in addition to providing specialist input to centres where it was required. There was an IPC control strategy in place which consisted of contingency plans, emergency plans, risk assessments and outbreak management plans. The provider maintained oversight of antimicrobial stewardship through the use of antibiotic logs at centre level. These were reported on a monthly basis and trended by local and senior management on a quarterly basis. The annual review of the centre for 2021 had included a reflection on IPC. However, the six monthly unannounced had not picked up on some of the maintenance issues identified on this inspection.

The provider had a number of policies and procedures in place to guide staff practice in areas such as IPC, cleaning and disinfection, hand hygiene and communicable diseases. The IPC policy did not clearly outline the roles and responsibilities of staff members at different levels of the organisation. While there was a clear reporting structure in place, there was not any one IPC lead within the staff team. This meant that on a day-to-day basis, there was no one identified person with responsibilities relating to IPC other than the person in charge. However, both of these issues were found on a recent inspection of another centre. The provider was in the process of addressing these issues. The HIQA self-assessment tool was completed for the centre every quarter, with a quality improvement plan developed and actioned.

At centre level, the person in charge was present in the centre a number of times per week and IPC was discussed with staff at staff meetings and within supervision sessions. There were a number of monitoring systems in place which included house audits for health and safety and cleaning schedules. There was evidence of actions being carried out following these audits.

The centre was resourced with an adequate amount of staff to meet residents' assessed needs, including in the area of IPC. There was a household staff employed in the centre and they were present five days a week in one of the houses and supported the other house once a week. They had a clear cleaning schedule to follow each day and were knowledgeable about cleaning and disinfection in the centre.

The inspector viewed the staff training matrix and found that there were some gaps in training courses related to IPC. The person in charge had completed accredited training on IPC. All of the staff had completed courses in hand hygiene, food safety and donning and doffing of personal protective equipment (PPE) . However, there were a number of staff who had not completed courses in respiratory hygiene and cough etiquette or standard-based and transmission-based precautions, as required.

The inspector viewed the risk register and found that this required review to ensure that current risks specific to residents in the house were identified and assessed. The risk register viewed by the inspector had been last updated in May 2022 and was overdue a review since September 2022. There were some risk assessments on file which had been used from another centre and were not relevant to this centre. For example, a wound care risk assessment was in place which referred to the use of a wound care pack for a resident. Upon speaking with staff, this was not a risk in this centre and a care pack was not present or in use. There were also risk assessments in place for use of antibiotics for various conditions. These risk assessments were not relevant to the needs of the residents on the day of the inspection.

Quality and safety

As stated earlier in the report, residents in the centre were found to be comfortable and content in their homes and were supported to be involved in decisions about their daily routines which included healthcare interventions. Consent was sought for healthcare interventions and this included consent for the COVID-19 vaccine and consent for PCR testing where it was required.

Staff were competent in adhering to appropriate levels of precaution when performing different tasks in the centre, including personal care. As previously mentioned, both of the houses had been freshly painted and for the most part were found to be in a good state of repair. They were clean and tidy and residents' bedrooms were nicely decorated. However, some areas of one house required improvement. For example, in one of the bathrooms there was a shower chair which has badly rusted and out of use as a result. Two of the showers did not have a shower head attached to them. In the kitchen in one house, the flooring had electrical tape in parts of it to keep the laminate down. There was an ant-bait station loose on the floor. Staff reported they were not aware of any recent infestation. This was removed on the day of the inspection. Storage was an issue in

the house due to the needs of residents. This required commodes being stored in bedrooms and one bathroom. There was a wheelchair stored in one of the sitting rooms. The provider had implemented a new online system for more efficient reporting and management of maintenance issues for all centres. While the inspector was unable to access this system on the day of the inspection, they received verbal assurances that the maintenance issues identified on the inspection were already reported and in progress.

Cleaning was the responsibility of both the household staff and the staff working in the house. There were detailed cleaning logs and an A to Z of all equipment used in the house with details of how to clean these items. Safety data sheets for chemicals used in the centre were kept in each house. There was no single use equipment in the centre. Re-usable equipment was decontaminated and safely stored. Residents' equipment such as shower chairs, commodes, walkers and wheelchairs were the responsibility of staff to clean and disinfect after each use. Colour coded cloths, mops and chopping boards were used to manage the risk of cross-contamination. House hold staff were able to describe how they cleaned and disinfected cleaning equipment and staff were able to tell the inspector how they cleaned residents' equipment.

Arrangements were in place for linen and laundry management including handling, segregation of clean and used linen, washing drying and storage in line with best practice. Arrangements were also in place for waste management in line with national waste management guidelines. Where staff required clinical waste bags, these were supplied and collected as appropriate. Staff had access to alginate bags and to spill kits where they were required. In the event of a positive case of infection, the provider had a contract cleaner come to the house on a daily basis and carry out a deep clean of the entire premises once the isolation period had ended.

There was a clear system in place for documentation in relation to any outbreak of infection. There was a template to prompt reflection by the person in charge and the staff team on any outbreaks in the centre. This was to ensure that all learning was identified and shared as appropriate.

Regulation 27: Protection against infection

In summary, while the provider had good governance and management arrangements in place to monitor and oversee the quality of the care which residents, there were some areas which required improvement. Some of these areas were already in progress such as up-dating the policy and ensuring there was an identified staff member within the houses who would take a lead on IPC.

Additional areas requiring improvement were as follows:

-Staff training required updating to ensure that all IPC-related training identified by

the provider as required was completed.

-The risk register required an update to ensure that the risks identified were current and relevant to the residents' needs.

-There was outstanding maintenance work on one of the houses.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Community Living Area 1 OSV-0004076

Inspection ID: MON-0036131

Date of inspection: 08/12/2022

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> <ol style="list-style-type: none"> 1. Staff Training – All staff were contacted on 13/12/2022 and reminded that it is there responsibility to ensure all mandatory training including IPC-related training is in date. Any staff member with out of date training at the time of inspection have now completed same and are all in date. 2. Infection Prevention & Control Risk Register – Risk Assessments and Register was reviewed and all were updated on 15/12/2022. Any risk assessment not relevant to the Designated Centre was removed. 3. Maintenance Improvements – New flooring requested and approved for kitchen. Awaiting installation date. <p>Showerheads replaced and shower seat removed from wall on 12/01/2023.</p>	

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	28/02/2023