



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

Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 4
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	31 August 2022
Centre ID:	OSV-0004213
Fieldwork ID:	MON-0035936

About the designated centre

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

Mullingar Centre 4 is a designated centre, providing support for a maximum of five adults with an intellectual disability and high dependency and support needs. The centre comprises of two bungalows situated in a quiet, historical village in North Co. Westmeath, surrounded by Lough Derravaragh. One bungalow has three medium sized bedrooms, one with an en-suite, shower room and a utility room, an open plan kitchen, dining and sitting room and a main bathroom. To the rear of the house is a large fenced enclosed garden and a lawn area to the front of the house. The second bungalow has three medium sized bedrooms, one with an en-suite, shower room and a utility room, an open plan kitchen, dining and sitting room and a main bathroom. There is a large fenced enclosed garden to the rear of the house and a lawn area to the front of the house. Both houses are wheelchair accessible. Services are provided from the designated centre to male and female adults (i.e. over 18 years old). 24 hour support is provided 7 days a week, with waking night and sleepover staff support. The centre is close to local amenities including shopping centres, numerous pubs/bars and restaurants, cinema, swimming pools and town park. The staff team consists of care assistants and nursing staff. A multi-disciplinary team are also available to provide support in areas including; Occupational Therapy, Physiotherapy, Speech and Language Therapy, Psychology and Behavioural Therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 31 August 2022	10:05hrs to 17:10hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with National Standards for Infection Prevention and Control in Community Services (2018) and the associated regulation (Regulation 27: Protection against infection). This inspection was unannounced.

Overall, there were some good IPC practices and arrangements in place. However, some improvements were required in relation to the organisation's policy, staff training, cleaning, storage of cleaning equipment, risk assessments, outbreak management plans and IPC oversight arrangements. These identified issues will be discussed further in the report.

The centre was made up of two bungalows next door to each other. The inspector met and spoke with the person in charge and one staff member who was on duty throughout the course of the inspection. The inspector did not have the opportunity to meet the residents that lived in the centre. One resident was attending their day service and the other was on holidays abroad with their family.

On arrival to both houses, the inspector observed the infection prevention and control measures necessary on entering the designated centre. There was a dedicated IPC station in both hallways. The process included temperature checks, completing a visitor sign in book, hand hygiene in the form of hand sanitiser, and clean face masks available for use.

The inspector observed the person in charge and the staff member on duty to appropriately use personal protective equipment (PPE), in line with national guidance throughout the course of the inspection.

The inspector completed a walk-around of the premises. Each resident had their own bedroom with adequate storage facilities and each bedroom had an en-suite bathroom facility. There was an additional water closet facility to cater for staff and visitors. While the houses appeared to be visibly clean and well-maintained in most areas, some premises risks were identified during the walk-around and some areas required a more thorough clean. These areas will be discussed further in the course of this report.

Staff members employed in each house were responsible for the cleaning and upkeep of the premises. This included, cleaning on a day-to-day basis and with regard to the enhanced cleaning tasks that were implemented at the start of the COVID-19 pandemic. Residents also participated in some of the routine cleaning of their home.

The inspector found that there were arrangements in place for hand hygiene to be carried out effectively, such as warm water, soap and disposable hand towels. There

were a number of hand-sanitising points located throughout each of houses and all were in good working order.

At the time of this inspection, there had been no recent admissions or discharges to the centre. The person in charge confirmed that there were no restrictions in place on visiting the centre. Residents were supported during the COVID-19 pandemic, to undertake safe leisure and recreational activities of interest to them, such as outdoor basketball, forest walks and outdoor dining. One resident had made decorative rockery stones out of moulds and painted them in bright colours to decorate their garden. Since government restrictions were lifted, residents had re-engaged in other activities of interest to them. For example, going swimming and bowling.

Residents' rights were seen to be promoted with a range of easy-to-read documents, posters and information supplied to them in a suitable format regarding COVID-19 and IPC information, such as hand washing techniques and vaccinations. Residents were supported to receive the COVID-19 vaccines. Resident views had been sought, on how they felt when staff were wearing full PPE, when there was a positive case of COVID-19 in the centre. In addition, there were weekly resident meetings with discussions and social skills lessons, around hand sanitising and mask usage during the COVID-19 pandemic.

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

The inspector found the governance and management arrangements were for the most part effective in assessing, monitoring and responding to infection control risks. Some improvement was required, in relation to staff training and the organisational IPC policy. Furthermore, improvement was required at an organisational level to ensure that there were adequate arrangements in place to oversee infection prevention and control practices.

There were a range of policies, protocols and standard operating procedures (SOP's) in place at an organisational level to guide staff on best practice in relation to IPC. There were 16 in total, covering topics such as, hand hygiene, and cleaning and disinfection. The provider's policy required review to ensure transmission based precautions were adequately explained in order to guide staff appropriately.

The provider had arrangements for an annual review and six-monthly provider-led visits. The findings of the annual review and two most recent provider-led visit reports were reviewed by the inspector, the most recent had occurred in June 2022. The inspector found these six-monthly visits focused on COVID-19 and did not

include a review of wider infection prevention and control risks.

The person in charge was the IPC lead for the centre and they had completed a self-assessment tool against the centre's current infection prevention and control practices. There were two IPC officers assigned to the centre, one for each of the houses. One officer, had received additional training in order to support them in their role and the other was due to complete their training soon.

Reporting structures were the normal chain of management for escalation of IPC risks for the centre. The person in charge explained that, risks would be reported to the area director and then the regional manager.

It was not demonstrated to the inspector that the organisation had a trained IPC link practitioner to oversee practices in the area. There was a person assigned to the role of COVID-19 led worker representative, however, it was not evident that their delegated roles and responsibilities were being fully enacted. For example, it was stated that they would carry out regular checks that COVID-19 control measures were in place, however, there was no evidence that this was occurring. From speaking with the person in charge, it appeared to be a documentation error with respect to the recorded delegated roles and responsibilities for the COVID-19 led worker representative. They explained that the checks had now been delegated to a CMN2 nurse within the organisation for this centre.

The centre had arrangements in place to oversee IPC, such as local monthly checks completed by the centre staff and a once off audit had been conducted by the person in charge in April 2022. There were plans by the organisation for IPC only audits to commence, which were to be conducted by an internal auditor throughout the organisation. In the case of this centre, there were plans for a senior nurse in the organisation to complete those audits. However, at the time of this inspection the centre had not received this audit by an appropriately trained person, to ensure any risks were picked up in a timely manner. For example, a periodic review of systems and facilities would have picked up the IPC risks identified by the inspector in this centre, such as the mildew in the washing machine. In addition, in the absence of an IPC practitioner available, the centre's auditor would have nobody to seek advice from if circumstances changed within the centre.

The provider had ensured that there were adequate consistent staffing in place at all times in the centre to meet the assessed needs of the residents. Additionally, there was a staffing contingency plan available in case required. There were sufficient staff employed in the centre to ensure the centre could be cleaned and maintained on a daily basis.

There were monthly team meetings occurring and meetings included discussion regarding COVID-19 and IPC. The staff member on duty communicated to the inspector the procedures to follow in the event of an outbreak of COVID-19 and how to clean a bodily fluid spillage.

Staff had received training to support them in their role such as, donning and doffing personal protective equipment (PPE) and hand hygiene. It was evident that this training had contributed to an understanding of COVID-19 and transmission.

The person in charge was completing and recording weekly hand hygiene observations. However, hand hygiene training had been provided online with no assessment of visual competency by a trained person. While there was guidance in place for staff with regard to dealing with bodily fluid spills, no formal training was provided to staff. Furthermore, some gaps were identified in staff training with regard to some training courses the provider had deemed mandatory. For example, not all staff members had completed specific standard and transmission based precaution training. Additionally, no centre staff had completed respiratory hygiene and cough etiquette training.

Quality and safety

There were some good practices observed in relation to the delivery of person centred care and in some of the local implementation of infection prevention and control procedures. However, improvement was required to ensure the cleanliness of the physical environment, in order to minimise the risk of acquiring a health care-associated infection. In addition, improvement was required to outbreak plans, risk assessments and storage of the centre's cleaning equipment.

There were systems in place to promote and facilitate hand hygiene, such as there was warm water for hand washing, disposable towels available for use and antibacterial gel available in several locations throughout the centre.

The provider had sufficient stocks of PPE and staff members were observed to wear it in line with current public health guidance.

The inspector found evidence that staff were routinely self-monitoring and recording for symptoms and temperatures which may help to identify early symptoms of infectious illnesses. For example, there were procedures in place for staff to record their own and residents' temperatures twice a day.

Laundry was completed on-site using a domestic washing machine and the centre had water-soluble laundry bags for the laundering of contaminated garments on site if required. However, the cleaning of the washing machine and guidance to direct staff on how to complete the task was required. Both houses' washing machines were found to require cleaning, for example, one machine was observed to have mildew along and inside the rubber seals and the other had some build-up of laundry detergent in the detergent drawer. In addition, laundry baskets were required to be added to the centre's cleaning duties, as both residents' laundry baskets were found to be dirty.

The inspector completed a walk-through of the centre. It was found to be generally clean and tidy with clear recording of cleaning conducted. The majority of the maintenance issues identified on this inspection were already self-identified by the person in charge, however, there was no arranged date for repairs. For example, the inspector observed a leak mark on one apartment sitting room ceiling that

required to be addressed. In addition, some areas of the centre required improvement to ensure a safe environment. For example, as previously stated, some mildew was observed around and in between the rubber seals of one washing machine.

Some areas required a more thorough cleaning, such as the ovens and microwaves were found to have some food residue on them. The inspector found that some areas of the houses were not fully conducive to cleaning. For example, there was slight limescale build up around the base of some taps and in the kitchen kettle which would prevent thorough cleaning of those areas.

Some facilities required to be replaced or repaired in order to ensure effective cleaning of the surfaces. For example, there was no top on one en-suite tap, a box under a resident's en-suite sink was cracked in some areas and all internal windowsills in both houses were cracked in places or the paint was chipped.

There were arrangements in place to manage general waste. For example, there were foot-pedal-operated bins in each room, as required. The person in charge spoke of the arrangements in place with regard to waste management and removal of clinical waste if required. Some push pedal bins did not have a bin liner in them and there was no guidance in place for how to clean the bin receptacle in the event that no bin liners or bags were used.

There was a colour-coded system in place for cleaning the centre, to minimise cross contamination and guidance was prominently displayed for staff. Improvements were required to the storage of cleaning buckets in the centre, as one bucket was being stored outside of the centre. Other buckets that were stored in the shared shed for both houses were found to be unclean.

There were centre specific and individual IPC risk assessments in place. However, some of the risk assessments required review, as they contained outdated information or the assessments were no longer applicable. For example, a risk assessment stated that there was to only be one visitor at a time to the centre, however, there was no visiting restrictions in place in the centre anymore.

Learning from outbreaks from other centres and information on IPC, was shared at the person in charge monthly management meetings. The person in charge had completed an analysis of learning after the last positive case of COVID-19 in the centre. The centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease. However, it required review as the plan did not include guidance to staff in some areas. For example, the exact location of PPE doffing stations in line with best practice, type of eating utensils and crockery for resident use if confirmed positive of an infectious illness, and exit and entry points to be used in the event of an outbreak.

Regulation 27: Protection against infection

While there were some arrangements in place to manage infection control risks and some good practices identified, improvement was required in a number of areas where adherence to national guidance and standards required improvement.

Areas requiring improvement in order to comply with the standards included:

- improvement was required to staff training, as while staff had completed a number of IPC training, not all centre staff had completed all training as per the organisation's policy and there were no staff hand hygiene competency assessments completed by a trained person. In addition, no formal training was provided to staff with regard to dealing with bodily fluid spills.
- there was no trained IPC link practitioner at an organisational level.
- the provider's policy required review to ensure transmission based precautions were adequately explained in order to appropriately guide staff.
- monitoring by the provider of infection prevention and control practices in the designated centre in the form of six-monthly visits to include the wider aspects of IPC and not just focused on COVID-19. Furthermore, an audit by an appropriately trained person was required for the centre.
- improvements were required to ensure all surfaces were clean and conducive to cleaning.
- the cleaning and storage of buckets used to clean the centre required review, to ensure that they were clean and that storage was undertaken in a hygienic manner.
- some areas, such as the cleaning of mildew, laundry baskets, the washing machine, and vents were required to be included on the cleaning checklist to ensure they were periodically cleaned, and guidance was required for cleaning the washing machine and mildew.
- review of the centre's outbreak contingency plan was required to ensure that staff were adequately guided, for example, with regard to the exact location of PPE doffing stations in line with best practice, type of eating utensils and crockery for resident use if confirmed positive of an infectious illness, and exit and entry points to be used in the event of an outbreak.
- some guidance in the IPC folder and some risk assessments required review, to ensure all information was up-to-date and applicable.

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 Mullingar Centre 4 OSV-0004213

Inspection ID: MON-0035936

Date of inspection: 31/08/2022

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"> • The Person in Charge will ensure all staff will complete IPC training as per organisational policy. Completed. • • Staff hand hygiene assessment will be completed by a trained person. Proposed timeline. 30th of November • • IPC link Practitioner identified within the organisation. Completed • • IPC policy will be reviewed by the organisation. IPC will continue to be a standing item on all monthly team meetings. Proposed timeline 30th of December. • The six month audit tool is currently under review by the organisation. IPC trained person will be identified to carry out audits within the centre. 30th of December • The Person in Charge will ensure that cleaning is completed throughout the centre and equipment is stored in an appropriate manner. Person In Charge added cleaning of the laundry baskets, the washing machine and vents to the cleaning checklist. A guidance protocol has been developed to provide guidance of cleaning the washing machine and mildew. Completed. • PIC reviewed outbreak contingency plan and risk management plan to provide further up to date guidance within the document in line with best practice and current guidance. Completed. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/12/2022