



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

## Issued by the Chief Inspector

Name of designated centre:	Joanstown, Rathowen
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	20 October 2021 and 21 October 2021
Centre ID:	OSV-0004906
Fieldwork ID:	MON-0034544

## About the designated centre

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

This designated centre is a service provided in a large detached bungalow on the outskirts of the nearest small town, which provides residential care to six ladies with an intellectual disability and autism. The centre comprises of a sitting room, a large kitchen diner with a utility room, four single bedrooms and one shared double bedroom, two of the bedrooms are en-suite. There is also one large shared bathroom and a further WC located in the utility room. Outside there is a large well-maintained garden both to front and rear of the property. In addition, residents have a pet dog who also lives in the centre. Residents living in the centre have a range of support needs and the centre is staffed by both nurses and health care assistants, providing 24 hour staffing cover.

**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 - 2015 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 20 October 2021	12:50hrs to 16:30hrs	Christopher Regan- Rushe	Lead
Thursday 21 October 2021	10:00hrs to 13:30hrs	Christopher Regan- Rushe	Lead
Wednesday 20 October 2021	12:50hrs to 16:30hrs	Mairead Murphy	Support
Thursday 21 October 2021	10:00hrs to 13:30hrs	Mairead Murphy	Support

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control. The inspection was completed over two days and on both days of the inspection, the inspectors met and spoke with residents and staff throughout the course of the inspection. In addition to speaking with staff and residents, inspectors were able to observe the daily interactions and lived experience of residents in the centre.

This centre was bright, relatively modern and had been developed to be a comfortable and personalised community home for the residents that lived there. It was evident that the provider was striving to ensure that while measures were put in place to protect residents from the risk of infection, these did not unduly impact on the sense of home and warmth in the centre. Residents appeared relaxed and at ease with each other and the staff on duty. Inspectors observed that residents were preparing for their afternoon, with one resident going out on a personal errand, while another resident was engaged in a one-to-one activity with another staff member on duty. Two residents were attending their day activity in another location.

Upon arrival at the centre inspectors found that the provider had introduced arrangements to take the temperature of staff and visitors and had arrangements in place to collect information about visitors in the event of a need to contact them should there be an outbreak in the centre. Clean masks and hand sanitizer were available at the main entrance to the centre.

Inspectors noted that there were sufficient arrangements and facilities in place to support good hand hygiene, including both hand sanitizer and soap and hand washing facilities. Staff were observed to be adopting public health guidelines through the use of masks while providing close support to residents and when in close proximity to each other. Staff were also observed to be cleaning their hands when they moved from task to task, and appropriately donning and doffing their face masks when undertaking different duties around the house.

The inspectors found that there were appropriate reminders to residents of the current public health guidelines in place. These were also available in easy-to-read format. Staff spoke about how they reminded residents of these arrangements while out in the community and how they had supported residents to be comfortable while wearing masks outside of the centre. Where residents did not remember to socially distance, the inspector saw that staff were able to encourage this through the use of supportive language and reminders.

Staff in this centre were responsible for ensuring that both the routine and enhanced cleaning tasks required during the ongoing global pandemic were being completed. Staff were able to talk with confidence about the arrangements in place

for the cleaning of the centre, including the use of disposable, single-use cleaning cloths and colour coded mops and buckets for different areas in the centre. Residents were encouraged and supported to be independent in completing cleaning tasks in this centre and one resident preferred to clean their own room. Staff told the inspectors that the resident would also use the single use cloths and washable cloths to do this and would store these under the utility sink, where staff could then go and dispose of the single use cloth and ensure that the washable cloths were placed in the laundry facility.

Overall inspectors found that residents were being kept safe from the risk of an outbreak of infection by the arrangements that had been put in place for infection prevention and control. While the centre was generally clean, Inspectors did note some areas which required attention by the provider to ensure that the environment and facilities were maintained in optimum condition, this is discussed later in this report.

However, despite this, the provider and staff had ensured throughout the pandemic that residents were kept safe and were not subjected to unnecessarily restrictive arrangements, preventing them from leading active lives and personal freedoms in the centre above and beyond public health guidelines in place at various times during the pandemic. It is important to note that throughout the current global pandemic, there have been no reported outbreaks of COVID-19 in residents living in this centre.

## Capacity and capability

The provider has put in place arrangements for the oversight and management of infection prevention and control in this centre, which were consistent with national public health guidance and generally meet the requirements of the National Standards for infection prevention and control in community services (2018).

While staff told the inspectors that good infection prevention and control (IPC) practice was each staff members responsibility in the centre, the person in charge had overall responsibility, on a day to day basis, for ensuring good IPC in the centre. Where the person in charge was absent from the centre, this responsibility passed to nurse in charge.

In the most recent annual review and six-monthly unannounced visit report, completed by the provider, there was evidence that the infection control measures had been reviewed in the context of the residents rights and liberties. In the earlier days of the pandemic, there had been some concerns raised about the ongoing public health emergency and the impact this had on imposing restrictions on the rights and choices of residents, for example in relation to visiting or going to a relatives home. These had all been responded to by the provider in a timely and transparent manner and to the satisfaction of the complainants.

The provider had ensured that there was a comprehensive IPC policy and procedure in place to guide staff on the agreed IPC measures. This policy included the names and contact details of senior people within the organisation who had the overall strategic and operational responsibility for IPC in the service. The policy and procedures (developed in support of these) were clear and would give staff sufficient guidance in the event of a suspected or confirmed outbreak of an infectious disease, virus or infection. The supporting procedures included the arrangements for standard precautions, transmission-based precautions and the measures to be deployed in the centre in the event of an outbreak of a transmissible infection - including (where required) the arrangements for deep cleaning of the centre. Inspectors reviewed the training and cleaning records within the centre to ensure that the recommended practices had been deployed and that there was good adherence and oversight of these arrangements by the provider and person in charge.

The provider had ensured that there was adequate staffing in place at all times in the centre. The staff numbers on duty on the days of inspection, reflected the arrangements set out in the providers statement of purpose and was consistent with the duty rota available in the centre. There was a clear skill mix noted on the rota with each shift having at least one qualified nurse and health care assistant on duty.

The provider had developed an outbreak management plan and contingency planning documents, which set out the critical factors which could pose a risk in the event of a national public health emergency or a local outbreak. The inspectors reviewed these plans and noted that they set out the arrangements that would need to be considered and activated in the event of an outbreak in the centre. These included the arrangements for on-site or off-site isolation, the actions to take in the event of critical staff shortages and how to access clinical supplies, which were not routinely held in the centre, in the event of an outbreak of infection. Staff discussed these arrangements with the inspectors and were able to describe what they would do both during the day and out of hours, in the event of an infection control risk.

Some residents living in the centre required additional supports with personal care needs. Where this support was required, staff spoke about the additional arrangements that were in place while delivering intimate personal care support to ensure good IPC practice was in place at all times. The inspectors found that there were appropriate arrangements in place for the laundry and the disposal of non-clinical waste materials. Laundry was completed on-site using a domestic washing machine and the provider had a regular bin collection service in place for the disposal of household waste. In the event that clinical waste disposal facilities were required, such as sharps bins or clinical waste bins, the person in charge advised that these would be available on the same day from the stores facility. There was a small sharps bin available on site should the need arise.

None of the residents living in the centre had an underlying acquired healthcare associated infection, such as methicillin-resistant staphylococcus aureus (MRSA) requiring enhanced infection control precautions in the centre. However, staff were aware of the precautions that would need to be in place in the event that this

changed in the future.

Training records for staff were maintained in the centre and available on the day of inspection. Inspectors found that staff were supported to complete a range of skills and knowledge updates using the provider on-line training and development platform, throughout the course of the pandemic. These courses included training in ensuring good practice and adherence to standard IPC precautions, including for example; putting on and taking off PPE in community healthcare settings, hand hygiene, an introduction to infection prevention and control, COVID19 assessment and recognition among people with intellectual disability. Some staff had completed additional training including an breaking the chain of infection and national Standards for infection prevention and control in community services: putting the standards into practice. Inspectors discussed the content of the training and the awareness of staff in relation to what the standard precautions were, why they were in place, the detection of potential symptoms of an outbreak, and isolation procedures with staff on duty. Each member of staff was able to clearly describe what they would do in the event of an outbreak, and the associated arrangements that would need to be put in place in the event of an outbreak. Staff relayed to the inspector that residents would not need to leave the centre in order to isolate, if they were required to do this in line with public health guidelines, and that residents would be able to isolate in their own rooms.

Each of these arrangements meant the provider was able to demonstrate the systems and processes that they had put in place to oversee and govern this centre. The next section of this report explores how these have been implemented in the centre and whether they are effective in ensuring good infection prevention and control practices in the centre.

## Quality and safety

Inspectors reviewed the quality of cleaning of the environments and the supporting audit documents and cleaning checklists available in the centre. In addition, the inspectors met and spoke with three staff, including the person in charge about these arrangements. Generally inspectors found that there was good adherence to the provider's policies and procedures. Staff were able to speak confidently about the products they would use and how they would complete key cleaning tasks in the centre. Staff told the inspector that they used generally available cleaning products, sourced from the local supermarkets. Inspectors noted that the provider had ensured that where this was the case that the relevant product information leaflets were available in the centre. These described how to correctly use the product and what to do in the event of a spillage or ingestion of the products. Overall during the walk around of the centre, inspectors noted that while generally the centre was visually clean, there were some areas that needed either additional cleaning or in some instances replacement due to damage.



Staff explained to the inspector that sometimes it was very busy in the centre and that much of the evening cleaning tasks were completed by staff on duty at night, with the morning cleaning routines being completed by the day staff. Staff told the inspector, on occasion this meant that some of the cleaning tasks may happen later than anticipated but each task would be completed on a twice daily basis as required, with additional cleaning happening as and when required. Inspectors reviewed the checklists for the cleaning of the centre and found that these had been kept up-to-date. However, during a walk around of the centre the inspector noted a number of items of portable equipment and static kitchen facilities that were not included on the cleaning schedules. For example, the kitchen extractor fan and a piece of exercise equipment. While the exercise equipment was visually clean, upon closer inspection of the extractor fan, the inspectors noted that this required cleaning. The inspectors highlighted this to the staff on duty who noted that this was not included for a regular clean on the cleaning schedules and that this would be addressed prior to the end of the inspection. The inspector noted that on the second day of inspection, this had been cleaned and was now part of the routine cleaning tasks in the centre.

The inspector reviewed the provider's cleaning audits and infection prevention and control audits and found that these were being completed on an annual basis. These audits did not highlight any significant issues with the overall infection control measures in place in the centre, but did note an issue with the general wear and tear in the centre's door frames and walls, which had become damaged by wheelchairs and other portable equipment. The inspectors noted that there was a tendering process underway and that it was anticipated that this would conclude shortly so that the repairs could be completed.

The inspectors noted that generally the centre was in a good state of repair, however; there were some areas in the centre where the finish or surfaces in the bathroom, kitchen and utility had deteriorated. For example, in the shared bathroom the bath panel had cracked, the surface covering for the drain in the shower had begun to peel away, there was some evidence of damp / mould in the grout of some of the tiles in the bathroom and there was rust on some of the accessibility equipment around the toilet and in the shower area. These issues had not been highlighted on the most recent IPC audit and had yet to be referred for repair or replacement. In the kitchen, the worktop near the sink had some visible damage, and there was a smell of damp in the cupboard located immediately below the sink. Finally, in the utility, there was some evidence of mould, due to dampness, located around the rear exit doorway and on the wall of the WC. Visually it could be seen that staff had attempted to continue to clean these, however; as the cause for this mould had not been investigated or resolved at the time of this inspection, this posed a potential risk to both residents and staff in the centre.

The inspectors reviewed the information available for residents and visitors to the centre in relation to the ongoing pandemic and the information on how residents would be provided support in connection with any potential outbreak. These were available in easy-to-read formats. Information for visitors was available in a handout form and kept in an information folder, readily available in the centre. There were regular resident meetings which helped keep residents up-to-date with the current

public health guidance. Minutes of these meetings, together with minutes from meetings attended by the person in charge were available in the centre. These demonstrated how the provider was using their meeting forums to share information and to keep both residents and staff up-to-date with the current ongoing pandemic.

Residents had been involved in developing plans for their healthcare. These plans included information about supporting residents who may need to receive support in other settings, such as a hospital. Each resident had a hospital passport in place and in the event that a resident needed to be admitted to hospital, these set out that a member of their support team would stay with them throughout the duration of their stay. This meant the resident would always be supported by a member of staff who knew them, and understood their communication and support preferences and would be able to support them to understand what preventative measures needed to be taken, such as wearing PPE, when they were in hospital..

### Regulation 27: Protection against infection

Overall the provider had put in place systems and processes that were consistent with the national guidance and standards and has supported staff to deliver safe care and maintain a good level of infection prevention and control practice.

Staff had access to regular and good quality training and were clearly passionate about providing good quality and safe care to residents living in this centre.

As noted in this report, staff were required to undertake the routine cleaning in this centre and at times this was impacted upon by competing demands that arose from time to time. While the overall level of cleaning in the centre was generally sufficient, improvements to the quality of some of the areas in the centre, noted in this report, were required.

In addition the cleaning checklists completed by staff required review to ensure that they include all areas and equipment in use in the designated centre.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Joanstown, Rathowen OSV-0004906

Inspection ID: MON-0034544

Date of inspection: 20/10/2021 and 21/10/2021

## 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> <p>All works inclusive of the following:</p> <ul style="list-style-type: none"> <li>Replacement of bath panel</li> <li>Replacement of surface covering for the drain in the shower</li> <li>Re-grouting of tiles</li> <li>Replacement of accessibility equipment</li> <li>Replacement of kitchen work top</li> <li>Installation of wall vents and fitting a grille in utility and Wc</li> <li>Internal Painting</li> </ul> <p>Will be completed by 31.01.2022</p> <p>Dampness under the sink has been investigated and there was a small leak which has now been rectified.</p> <p>Cleaning checklists have been reviewed to ensure that they include all areas and equipment in use in the designated centre.</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	31/01/2022