

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area X
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	27 April 2022
Centre ID:	OSV-0005804
Fieldwork ID:	MON-0036266

## About the designated centre

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

This centre is a large newly renovated bungalow in a rural location that is currently home to three residents but with capacity for four. It is located a couple of kilometers outside a large rural town. The centre has a large kitchen and three separate living rooms, One bedroom is en-suite and the main bathroom is appropriate for individuals with impaired mobility. Externally this centre has a paved area to the rear with ramps from the doors allowing for easy access to the garden.

The centre aims to promote positive community awareness through residents having daily presence and participation in the local community. The focus is on encouraging and promoting open, respectful communication with individuals, families, staff and all members of the multidisciplinary team.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 27 April 2022	11:30hrs to 17:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that residents enjoyed a good quality of life and that they were actively involved in their local communities. The inspector met with three residents and three staff members on the day of inspection and pleasant interactions were observed throughout the day.

On the morning of inspection all three residents were relaxing after having their breakfast. One resident sat and listened to music in one reception room and the other two residents were watching television in another reception room. There was a very pleasant atmosphere and residents appeared relaxed and comfortable in the company of staff. The staff on duty chatted with them freely as they went about preparing for the day ahead.

The centre was found to be bright, airy and had also had a very homely feel. The centre was clean throughout and the robust cleaning schedule which was implemented by staff ensured that cleanliness in all areas of the centre was maintained to a good standard. Staff members spoke confidently about the cleaning schedule which was in place and also about the equipment which was used such as colour coded mops and cleaning cloths. The centre was also found to be well maintained and a recent maintenance review had occurred which had identified maintenance issues had been addressed prior to this inspection.

Staff members had a good understanding of resident's individual care needs and they spoke freely about the measures to keep them safe such as infection prevention and control (IPC). Staff members explained that they had completed all required training in regards to IPC and they described what would happen if a resident was diagnosed or suspected as having COVID 19. Staff members spoke about resident's isolation plans and also where the donning and doffing areas would be set up in response to an outbreak. Staff members also explained how they monitored for signs of the disease and they wore face covering throughout the inspection which assisted in promoting residents' overall safety.

Residents interacted with staff on their own terms and staff members interpreted resident's individual verbal and nonverbal communication styles when engaging with them. Staff members who met with the inspector stated that residents enjoyed a full social life and that they loved going out for coffee and also assisting with shopping. A resident was planning to visit a bank in the afternoon and to also go shopping. All residents spent time in their local community on the day of inspection and staff members explained that residents received an integrated service and that they got out and about in the local community every day. A senior manager also explained that a resident was also planning to move from the centre to their hometown where they could be nearer to their family.

Overall, the inspector found that IPC was promoted and that the centre was well prepared for an outbreak of COVID 19. However, some improvements were required

in regards to isolation plans for one resident and also further clarity was required in regards to the colour coding of mops and cleaning cloths should an outbreak occur. These issues will be discussed in the subsequent sections of this report.

## Capacity and capability

The inspector found that the provider had governance systems in place which actively promoted infection prevention and control in this centre.

The provider was proactive in regards to IPC in this centre and a senior manager discussed how the current IPC policy was under review at the time of inspection. Proposed changes to the policy included further clarity on the colour coded equipment which was used for cleaning and also further guidance in regards to the cleaning requirements for each individual centre. The provider had completed all required audits and reviews and the cleaning and maintenance arrangements had been examined in the centre's last unannounced internal audit. Regular internal audits of IPC and cleaning were also occurring which assisted in ensuring that residents' wellbeing was promoted.

A positive example of governance was found in regards to the learning from a previous outbreak of COVID 19. Senior management had reviewed the actions taken in response to this outbreak, which also involved a consultation process with staff to identify where improvements could be made. Staff had identified difficulties in the storage of personal protective equipment (PPE) and also in regards to the location of both donning and doffing areas. A formal review of the centre's contingency plan also occurred with additional information in regards to staff who were available to cover the centre added.

The provider had appointed a crisis management team to oversee preparation and response to any outbreaks of COVID 19 and to also assist with the day-to-day management of centres where a positive case or cases had been recorded. This management team also meet on a regular basis to review the provider's IPC arrangements and also the staffing resources in the region. A senior manager also explained that the person in charge attended scheduled senior management meetings in which IPC arrangements and learning from IPC inspections across the region was discussed. The issues and learning from these meetings were then discussed at this centre's staff team meetings which assisted in promoting staff awareness of developments in this area of care.

As mentioned earlier, staff had a good understanding of IPC measures in the centre and they identified the cleaning and IPC arrangements which promoted residents' safety. Staff discussed the arrangements for donning and doffing and they also outlined how a senior manager could be contacted through an out-of-hours system if they had a COVID 19 concern. A review of the rota and associated training records also indicated that staff members had completed relevant training in IPC, hand

hygiene and the donning and doffing of IPC.

Overall, the provider had promoted IPC in this centre and it was clear that residents were to the forefront of care and that their wellbeing was actively promoted

## Quality and safety

Overall, it was clear that residents enjoyed a good quality of life and the arrangements which were put in place promoted their community inclusion and welfare. Some improvements were however required in regards to an isolation plan for one resident and also the colour coding system which was in place for cleaning.

The inspector found that the centre was clean and well maintained. Staff discussed at length the cleaning schedule which was in place and they described how the night duty staff completed a deep clean as part of their duties. The staff who were on duty outlined the cleaning which was undertaken on a daily basis including the cleaning and disinfection of frequently touched surfaces. Staff had a good understanding of the colour coded system for mops and cloths which was in place. Staff members referred to a displayed poster which advised which colour should be in each area of the house. Although, this was a positive example of IPC practice, further clarity was required in regards to the colour coding for all areas which may have infection present.

As mentioned earlier, staff had a good understanding of residents' care need and there were very pleasant interactions observed throughout the inspection. The inspector observed staff members encouraging residents to wash their hands and social distancing was maintained when possible. Staff also had access to a number of hand sanitizing stations which they were observed to use frequently throughout the inspection.

Staff clearly described the arrangements to keep people safe and they outlined the daily checks of signs and symptoms of COVID 19 which were occurring. They also set out the arrangements in regards to donning and doffing of PPE and also how stocks of PPE were maintained and monitored. The provider had set out contingency plan for the care needs of each resident should they acquire COVID 19. Staff were found to have a good understanding of these plans and they outlined how all residents would initially be encouraged to isolate in the centre before moving to designated isolation hub. These plans outlined that familiar staff would support each resident and that senior management would assist with any required transfers. However, some improvements were required to one plan as a senior manager stated that one resident would be able to isolate in their home and they would not be required to move should they contract COVID 19. The decision for this resident to remain also impacted on the centre's contingency plan which required further adjustment in terms of clean areas and the arrangements for cleaning and disinfecting the bathroom which this resident would use.

Overall, the inspector found that residents' safety and welfare was promoted in this centre and that the arrangements which were put in place overall promoted IPC. Although, some areas of care required improvement, adjustment in these areas would further build upon the many example of good care which were found on this inspection.

### Regulation 27: Protection against infection

IPC was actively promoted and the centre was clean and well maintained. Although there were many positive examples in terms of IPC further clarity was required in terms of the colour coding system for cleaning and disinfection when there was a potential or confirmed infectious disease present. The isolation plan for one resident also required adjustment to ensure that the most up-to-date decisions in terms of their care needs was in place to guide staff in the delivery of care.

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

# Compliance Plan for Community Living Area X OSV-0005804

Inspection ID: MON-0036266

Date of inspection: 27/04/2022

## 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"><li>• The person in charge has updated the contingency plan to give better clarity on the specific response that is needed for the action of an incident of suspected or confirmed cases of COVID-19 in relation to one individual. Action Completed on: 09/05/2022</li><li>• The person in charge has updated the colour-coded system for cleaning and disinfecting for the possibility of suspected or confirmed infectious disease present. Action Completed on: 11/05/2022</li></ul>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	11/05/2022