



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 28
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	05 October 2022
Centre ID:	OSV-0005808
Fieldwork ID:	MON-0036029

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 four bedroom house in a rural area about ten minutes from a small town in Co. Kildare. It is situated close to number of local amenities such as shops, churches, hairdressers and beauticians, restaurants, and parks. The centre can accommodate three adult residents over the age of eighteen years with an intellectual disability. There is a living room, a kitchen/dining room, a sun room, three residents' bedrooms, one of which was ensuite, a staff sleepover/office, a utility, a WC, and a main bathroom. A car is available to support residents to access their local community. Residents are supported 24 hours a day seven days a week by a staff team comprising of a person in charge, social care workers and support workers.

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 5 October 2022	09:45hrs to 14:00hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was unannounced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall, the inspector of social services found that the provider had effective systems for the oversight of infection prevention and control (IPC) practices in the centre. However, some slight improvements were required to ensure that they were in full compliance with Regulation 27. These areas for improvement were not found to be contributing to significant risk to residents and will be discussed later in the report.

On arrival the inspector was directed by staff to an area of the hallway where hand sanitiser, a visitors book and personal protective equipment (PPE) was available. Staff were observed to be wearing the correct level of PPE in line with the latest public health guidance on arrival and throughout the inspection.

The designated centre is home for three residents and is situated in a rural part of Co. Kildare. Residents had access to transport to support them to access their local community and their favourite activities. There were systems in place to make sure the vehicle was regularly cleaned including regular touch point cleaning.

There were two residents at home when the inspector visited their home. One resident had just left to attend their day service hub. Two residents and a staff were in the kitchen come living room and the fridge was being cleaned as the shopping had just been done. Dates were being checked on products that had been in the fridge before they and the new products from the shopping were put away. One resident was peeling vegetables to make home made soup for lunch and chatting to the staff member who was cleaning the fridge and putting the shopping away. Another resident was relaxing on the sofa watching what was happening in the kitchen. After this they made their way over to the table and indicated that they would like a cup of tea.

Staff were available to support residents should they need it, but residents were observed to move freely around their home and to choose how they would like to spend their time. Throughout the inspection residents were observed to approach staff and to be very comfortable communicating with them. Staff were very familiar with residents' communication needs and preferences and warm, kind, caring and friendly interactions were observed at all times during the inspection. There were picture rosters and menus on display and one resident talked about how they change the pictures on the rosters every day to make sure their housemates know who is working. One resident told the inspector that "all the staff are nice".

During the inspection residents spent time chatting to and laughing with staff, relaxing, making tea, preparing lunch, and knitting. Before lunch they both went for a drive with staff and came back with a take away drink. One resident had done

some shopping over the weekend and showed her purchases to staff and spoke about how their new trousers needed to be turned up before they could be worn.

There was a welcoming and homely atmosphere in the house when you walked in. Residents talents were celebrated and their beautiful art work and crafts were on display in their home. There were also family photos on display and soft furnishings which contributed to the homely feel. Residents had access to plenty of private and communal spaces. In addition to their bedrooms residents could access a large kitchen come living room, a conservatory, a sitting room, a large utility room and a number of bathrooms.

The house was found to be very clean at the time of the inspection. A deep clean was scheduled regularly in the centre by an external contractor and one had been due before the inspection but had been rescheduled. Despite this, each area of the house was found to be cleaned to a high standard. There were daily, weekly and monthly cleaning tasks identified and records of this cleaning was maintained by staff.

From what they inspector observed and from what they were told, residents liked to take part in the upkeep of their home. They liked to keep their rooms clean and tidy, and clean other areas of their home. One resident showed the inspector around their bedroom, including showing them how tidy their wardrobe was. They showed all their favourite photos, talked about the important people in their lives, and spoke about how staff supported them to keep in touch with their family and friends, by phone, through videos calls, or by bringing them home to visit and stay with their family.

Residents had access to large, attractive outdoor spaces. They were growing baby tomatoes in the conservatory and other herbs and vegetables on the patio area. Some baby tomatoes and courgettes had just been harvested and were in the fridge ready to use for dinner. There were seating areas, bird houses, a covered area for laundry to be hung out and potted plants and window boxes on display.

The provider's annual review of care and support included the input of residents and their representatives. Annual questionnaires were disseminated and the feedback on these were very complimentary towards care and support for residents. For example, residents and their representatives reported they were happy with the centre, the bedrooms, food and mealtimes, visiting arrangements, how residents' rights were respected, residents' access to activities, and staff support. An example of feedback in questionnaires was, "... is so happy and content" in the centre.

The next sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include and overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall, the provider had systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre and residents and staff were protected by the IPC policies, procedures and practices in place. However, some improvements were required to full compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). These areas related to the provider's audits and reviews, some residents' documentation and areas of the kitchen which could not be cleaned and disinfected effectively.

For the most part the provider was implementing their systems and controls to keep residents and staff safe from the risk of infection. For example, there had been a small number of residents and staff who had contracted COVID-19 reported during the pandemic and following these risk assessments and outbreak management plans were reviewed and updated to ensure control measures were up-to-date and effective. While the provider was self-identifying some of the areas where improvements were required, the inspector found that the providers' latest six monthly review had not identified areas for improvement in line with those found during the inspection. For example, the section of the review relating to premises was marked as 100% compliant and did not pick up on the damaged areas of the kitchen.

The person in charge was responsible for the day-to-day management of this designated centre. They were very familiar with residents' needs and motivated to ensure they were happy, safe and engaging in activities they enjoyed and found meaningful. They were self-identifying areas for improvement and putting actions in place to bring about improvements in relation to residents' care and support, and their home.

There was a risk register in place and the provider had implemented a number of risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. Although care plans and risk assessments were subject to regular review, there were some that required further review, and some of these were being reviewed at the time of the inspection.

The provider was in the process of identifying an infection prevention and control champion in the centre. Two staff in this centre, including the person in charge, had completed additional IPC training. There were policies, procedures and guidelines available to staff to ensure they were aware of their IPC roles and responsibilities in the centre. Staff had completed a number of IPC related trainings.

IPC and COVID-19 were discussed regularly at staff meetings. There was a contingency plan in the centre which was used in conjunction with a number of other documents to fully guide staff practice in relation to their roles and responsibilities relating to IPC. Staff who spoke with the inspector were knowledgeable in relation to their roles and responsibilities and knew who to go to if

they had any concerns in relation to IPC. Audits such as food safety and cleaning audits were being completed regularly in the centre as was the IPC self assessment. The provider had completed an annual and six monthly reviews in the centre but there limited evidence that IPC had been considered as part of these reviews. The inspector acknowledges that the provider was aware of this and in the process of reviewing and piloting a new audit tool.

There were two staff on extended planned leave at the time of the inspection; however, there were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre daily as regular relief were covering the required shifts to cover both planned and unplanned leave. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times.

Quality and safety

Overall, the provider had measures in place to ensure that the wellbeing of residents was promoted and that they were kept safe from infection. There was evidence that a good quality and safe service was provided for residents and that they were being kept up-to-date in relation to IPC measures in the centre and the impact of these on their day-to-day lives. However, some improvements to auditing and records was required to ensure these were fully guiding staff practice.

For the most part residents had risk assessments, care plans, and procedures in place relating to infection prevention and control risks. However, some additional documentation specific to residents' needs and vulnerabilities to infection were required. The inspector acknowledges that this was not resulting in significant risk to residents as staff were very much aware of residents' vulnerabilities, their support needs and the procedures to follow. In addition, the documentation was in development by the end of the inspection.

Residents were being provided with information on IPC. For example, there was information available in an easy-to-read format and discussions were being held at residents' meeting about IPC, COVID-19 and how to keep safe. The agenda for residents' meetings included topics such as IPC, COVID-19, cough and sneezing etiquette and social distancing. The IPC folder in the centre contained information on hand hygiene, respiratory and cough etiquette, universal and transmission based precautions, COVID-19, the use of PPE, and household hygiene.

Residents observations were recorded regularly and there were contact details for the relevant medical and allied health professionals in contingency and outbreak management plans in the centre. Consideration had been given to antimicrobial stewardship, particularly relating to one resident who was regularly prescribed antibiotics. A number of times during the inspection, staff were observed to encourage and remind residents to wash their hands between tasks, particularly

those relating to the upkeep of their home.

During the inspection staff were observed to adhere to standard precautions. They had also completed a number of IPC related trainings such as, putting on an off PPE, hand hygiene, cough and sneeze etiquette, standard and transmission based precautions, and antimicrobial stewardship. There was a system in place to check and record if residents, staff and visitor's had any signs or symptoms of infection. There were stocks of PPE available and systems for stock control. Details on how to access PPE and other stocks were detailed on the centre's contingency and outbreak plans.

The centre was found to be very clean, and for the most part well maintained on the day of this unannounced inspection. There were some areas where improvements were required in relation the premises such as some damaged areas to the counter top in the kitchen and to kitchen presses and this was found to be affecting the ability to fully clean and disinfect them. Overall, there were adequate arrangements in place for cleaning and disinfecting the premises and there were protocols in place for additional cleaning in the event of any outbreak. There was a dedicated area for waste and a system in place for the storage and collection of clinical waste. There were colour coded chopping boards, and different coloured cloths for different cleaning tasks around the house. There were pedal operated bins and paper towels available in bathrooms and at sinks in the house.

There were policies, procedures and guidelines in place for cleaning. There was a shed at the back of the house which was for the storage of cleaning equipment. There was a new flat mop system in place and there were hooks in the storage shed to hang the mops after use. There were systems in place to ensure that cleaning equipment was stored and cleaned properly, and during this unannounced inspection they cleaning equipment was found to be clean and stored correctly.

There was a utility room with a washing machine and dryer. Residents could do their own laundry if they so choose, and there were systems in place to ensure that clean and dirty laundry was kept separate. There were also systems for laundry management in the event of an outbreak of infection in the centre and these were detailed in the centre's contingency plan.

Regulation 27: Protection against infection

Overall the inspector found that the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required for them to be fully compliant.

The inspector identified a number of areas of good practice in relation to infection prevention and control and these were detailed in the main body of the report. However, some improvements were required to ensure that residents and staff were fully protected from the risks associated with infections. These included the

following:

- The provider's latest six monthly review was not picking up on areas for improvement in line with the findings of this inspection.
- A small number of residents' documentation required review to ensure it was fully guiding staff in relation to any infection prevention and control related risks there may be. The inspector acknowledges that staff were aware of these and were in the process of updating the documents during the inspection.
- There were areas of the kitchen where broken surfaces were affecting the ability to clean and disinfect them. This included areas of the kitchen press doors and the counter top.

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 28 OSV-0005808

Inspection ID: MON-0036029

Date of inspection: 05/10/2022

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> <p>Going forward the HIQA audit tool will be used on a 6 monthly basis to capture all elements of IPC, this will replace the current service providers 6 monthly audit tool. Cleaning protocol and risk assessments have been updated to reflect necessary changes to ensure all staff are aware of infection prevention and control related risks in this area. Kitchen requirements have been sent to the maintenance department and the landlord of the premises. A date for works to be completed has yet to be agreed.</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