



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

Issued by the Chief Inspector

Name of designated centre:	Kinnegad Centre
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	25 May 2022
Centre ID:	OSV-0005824
Fieldwork ID:	MON-0035849

About the designated centre

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

Kinnegad Centre is a dormer bungalow located approximately 2km from the local town. Kinnegad Centre is a full time community house which is based on a social model of support. The building design is currently suitable for individuals with high support needs and can accommodate four individuals. There are five bedrooms, four downstairs and one upstairs. The bedroom upstairs is used as a staff sleepover room. There is a large entrance hall and wide corridors. There is an open plan kitchen and dining, a utility, and a sitting room. To the rear of the house is a large fenced garden with patio area and a lawn area to the front of the house. All entrances are wheelchair accessible. Services are provided from the designated centre to both male and female adults. 24 hour support is provided by staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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 25 May 2022	11:00hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control. During the course of the inspection the inspector visited throughout the centre, met with residents and staff and had an opportunity to observe the everyday lives of residents in the centre.

The centre was a large and spacious home for four residents, each of whom had their own bedroom, two of which had ensuite bathrooms. . The house was nicely furnished and equipped, and had a pleasant outside garden area. It was evident that residents were being supported to engage in activities according to their preferences, and that there were familiar staff on duty to support them.

On arrival it was immediately evident that the provider had put in place systems in accordance with public health guidelines, and that these were being implemented. Appropriate facilities were available in the front hallway, including hand sanitising equipment and masks available in this station. Visitors were asked to comply with current guidelines during the visit to the centre. A checklist of information and symptom status was maintained for each visitor.

The inspector conducted a 'walk around' of the centre. The centre appeared initially to be visibly clean, however on closer inspection it was apparent that some areas required attention, and these are discussed later in the report. There were various communal areas, including a large kitchen dining area and pleasant sitting room. Residents were engaged in various activities in the home, and were assisted by staff to consent to the inspector visiting their home and having a look around.

Residents appeared to be content and occupied, some were playing games with staff, and there was a pleasant atmosphere which indicated that people were comfortable in their home. Observations indicated that there was a positive relationship between staff and residents, and some residents spontaneously showed affection towards staff, smiling and hugging them.

Communication with residents had been prioritised, and multiple examples of explaining various situations with residents were evident. Simple language had been used, and step-by-step explanations utilised. Staff had introduced 'practice runs' to explain to residents what might happen if there was an outbreak of infectious disease, and also to encourage residents in the vaccination process. Residents were supported by staff to give their consent to the inspector to look around their home, and visit their bedrooms.

All of the residents' bedrooms were personal to them, and contained their personal items, including photographs and items relating to their hobbies and interests. It was clear that residents kept their own rooms as they chose, with as many or as few

personal items as they preferred.

Where that had been a recent outbreak of COVID-19, residents had been supported to self-isolate, and to continue to have a good quality of life during this time. Various activities had been introduced while residents were spending much of their time at home, and other activities were now being reintroduced, and residents were again enjoying their local community, and day trips further afield if they so chose.

Overall, the inspector found that multiple strategies were in place to safeguard residents from the risks associated with of an outbreak of infection, but improvements were required to ensure that the environment and facilities were maintained in optimum condition.

However, despite this, the provider and staff had ensured throughout the pandemic that residents were supported to maintain a meaningful life and were not subjected to unnecessarily restrictive arrangements, and that they were now returning to engaging with the community.

Capacity and capability

There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge. . There was a clearly identified team with responsibility for managing the COVID-19 pandemic including an identified lead in the centre.

Policies and procedures had been either developed or revised in accordance with current best practice. These included policies and procedures relating to visitors, IPC, hand hygiene, decontamination, laundry and waste disposal. The required self-assessment had been completed, and there were risk assessments in place covering all stages of the pandemic, including restrictions and the risks associated with lifting of restrictions for vulnerable adults.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of an infectious disease, and which had been implemented when there was an outbreak in the centre. A 'Centre specific risk assessment' had been completed by the provider which included guidance in relation to all expected events in the event of an outbreak of an infectious disease. This document covered deputising arrangements in the event of a shortfall in management cover, a shortfall in the provision of PPE, the management of staffing and plans for isolation if required.

An outbreak of COVID-19 had occurred in the centre, and the centre's contingency plan and each resident's personal plan had been implemented. The outbreak had been well managed, and not all residents had contracted the disease. Whilst the post outbreak review had not been completed, work towards this has commenced, and discussions and team meetings were on-going. The person in charge and the

staff outlined to the inspector the steps that they had taken during the outbreak, and it was clear that the contingency plan had been implemented, and that all public health guidance had been followed.

An annual review had been prepared in accordance with the regulations, and the views of residents and their families or representatives had been sought and included. An overview of the management of the pandemic was outlined, and the ongoing difficulties in relation to recruitment of staff was acknowledged. In addition, a monthly IPC audit was undertaken, both by checklist and by a more detailed audit in which outstanding items were identified and monitored.

Staffing numbers were currently not always adequate to meet the needs of residents, however, during the recent outbreak the contingency plan had been implemented, and at that time staffing numbers had at all times been adequate to meet the needs of residents. The staff team were familiar to residents, and all staff engaged by the inspector were knowledgeable, both in relation to the individual needs of residents, and to the required practices in relation to IPC.

While staff were supported on a daily basis, formal staff supervisions were not up to date. However, staff had been in receipt of all mandatory training, including training relating to the current public health care situation. Training records were reviewed by the inspector and were found to be current, including training in relation to the use of PPE, breaking the chain of infection and hand hygiene. A training matrix was maintained so that there was clear oversight of the completion of relevant courses for each staff member.

Quality and safety

There was a personal plan in place for each resident which had been regularly reviewed. Each personal plans included an individual risk assessment including guidance as to the management of prevention of infectious disease, including for example, vaccination and self-isolation if required.

There had been an outbreak of COVID-19 in the centre, and these personal plans and risk assessments had been implemented.

Each resident had a 'hospital passport' which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about the individual needs of each resident, although no admissions to or from the acute services had been required.

Various individual homebased activities had been introduced, and significant effort had been put into finding pastimes to help alleviate anxiety for some residents during restrictions, and during the isolation period required during the outbreak. Prior to the pandemic, some residents had attended a day service, and staff reported that not everyone chose to return to this activity, and those that did would

be recommencing in the near future. Meanwhile, activities such as table top games, sensory pastimes and garden activities were on-going.

Communication with residents had been identified as a priority, and residents meetings were held whereby issues relating to IPC were discussed. Staff explained various strategies introduced to maximise the understanding of residents, including step by step explanations and role play.

While the centre appeared to be clean on the first impression, the inspector discovered some areas the required attention, including attention to some bathroom equipment, and strategic positioning of hand sanitiser. There was no hand sanitiser immediately available to staff as they went from one bedroom to another. Some areas of the kitchen and living areas required more thorough cleaning, and there was no record of the regular flushing of a shower which was not in use at the time of the inspection.

In addition, clinical waste which had been bagged and managed appropriately within the house during the recent outbreak, had remained in an outbuilding for several weeks awaiting removal. And while there appeared to sufficient stocks of personal protective equipment in the centre, there was no structured stock control management system in place.

Regulation 27: Protection against infection

Whilst IPC practices during the recent outbreak had been well managed, various items required attention, as follows:

General cleaning:

- Unclean cupboard doors around the sink and oven areas and unclean inside of cupboard drawers
- Debris in kitchen drawers
- Food remains on chairs
- Discoloured and stained toilet brush
- Multiple use nailbrush in a shared bathroom which was worn down and visibly unclean
- No record of flushing of unused shower

Facilities and equipment:

- There were no bins in some of the bathrooms
- No paper towels in one of the bathrooms
- Hand sanitiser was not readily available to staff when moving from room to room

PPE:

There was no system of stock control of essential PPE

Clinical waste:

Clinical waste had been stored in an outbuilding for above six weeks

Staffing:

Induction supervision of new staff had been completed, but there was no evidence of ongoing structured supervision of staff.

Judgment: Not 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	Not compliant

Compliance Plan for Kinnegad Centre OSV-0005824

Inspection ID: MON-0035849

Date of inspection: 25/05/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>PIC and staff discussed the importance of cleaning touchpoints on a regular basis. PIC carrying out spot checks on a regular basis.</p> <p>Maintenance team contacted to treat the pipe system in the unused bathroom, same has now been completed. Staff are now compliant in carrying out the weekly flushing schedule and regular checks are carried out by the PIC.</p> <p>Items purchased for bathrooms such as bins and toilet brushes and are in place in all of the bathrooms.</p> <p>Hand sanitiser and hand towel dispensers ordered by PIC</p> <p>Stock control system in place, PPE stock control carried out each month and supplies ordered where necessary.</p> <p>Clinical waste removed from property on 26/05/2022.</p> <p>PIC has implemented a supervision schedule, supervision takes place on a regular basis.</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.	Not Compliant	Orange	31/07/2022