



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

Issued by the Chief Inspector

Name of designated centre:	Mobhi Road
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	13 December 2022
Centre ID:	OSV-0001525
Fieldwork ID:	MON-0035558

About the designated centre

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

Mobhi Road is a designated centre based in a suburban North Dublin area which can support five individuals with acquired brain injuries. The designated centre is comprised of one three storey semi-detached building with an enclosed garden space to the rear. The ground floor of the premises are made up of an entrance hallway, a sitting room, an open plan kitchen and dining space with an small utility room, a main bathroom, and two residents' bedrooms. The second floor is comprised of three resident bedrooms all with en suite facilities, and a staff office and sleep over room. There is a second shared bathroom and another staff sleep over room which also acts as an office on the second floor of the building. The outdoor spaces included a driveway to the front with space for parking several vehicles, and to the rear a landscaped garden space with paved areas, smoking shelter and outdoor dining area. The designated centre provides 24 hour residential supports to residents through a staff team of rehabilitative assistants, team leaders and a person in charge. The designated centre provides services to residents through a rehabilitative, person centered and rights based approach.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 13 December 2022	09:45hrs to 15:15hrs	Jennifer Deasy	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 the associated regulation. This inspection was unannounced. The inspector wore a face mask and maintained social distancing as much as possible during interactions with residents and staff.

The inspector saw, on arrival to the designated centre, that it was well-maintained and welcoming. Window boxes decorated the front of the house along with Christmas lights. There was signage on the front door reminding visitors to be mindful of COVID-19.

The inspector was greeted by staff who were seen to be wearing face masks in line with current public health guidance. The inspector saw that there was a hand sanitising station available inside the door, along with disposable face masks and COVID-19 guidance for visitors. The centre had just received a supply of PPE which was in the process of being moved to a storage area. A verbal declaration was sought by staff that the inspector did not have any symptoms of COVID-19.

There were four residents living in the centre on the day of inspection. The inspector had the opportunity to meet with most of the residents and some chose to speak in more detail regarding their experiences of living in Mobhi Road. Some residents had lived in the centre for many years and most had been there throughout the COVID-19 pandemic and public health restrictions.

Residents told the inspector that they liked living in Mobhi Road. Residents described the staff team as friendly, helpful and supportive. The residents said that they all generally got on well together and allowed each other time and space to do what they needed to do.

Residents described their experiences of living in a designated centre during the COVID-19 pandemic and public health restrictions. The residents told the inspector that staff were excellent at keeping them informed regarding the changes to public health guidelines and the measures that they could take to keep themselves safe. Residents spoke about how everything went quiet during lock down and how they have enjoyed being able to get back into the community since the restrictions were lifted.

The residents were well informed regarding their health needs. Some residents told the inspector that they had recently received their flu vaccination and a COVID-19 booster. Residents in this designated centre were supported by their general practitioner and local primary care team to manage their health needs. Some residents chose to tell the inspector of their health needs and how these were managed with support from staff.

There were no visiting restrictions in the designated centre. Most of the residents said that they preferred to go visit their families and friends rather than have them in the centre. However, the inspector saw that there was space available for residents to receive visitors if they wished. Many residents described the trips and outings that they had planned over Christmas.

The inspector completed a walk around of the house with the staff and the person in charge. The inspector saw that the house was very clean and well-maintained. Staff told the inspector that the provider had completed recent refurbishments in order to address IPC premises issues which had been identified on a previous inspection. These included the installation of new carpet on the stairs and a new kitchen.

The communal living areas were very clean. Couches in the sitting room and dining room chairs were well-maintained and easy to clean.

One of the residents showed the inspector their bedroom and en-suite bathroom. The inspector saw that the resident's bedroom was clean and decorated in line with their preferences. The resident was in the process of purchasing a new bed and had plans to paint their room in the new year. Other resident bedrooms and en-suites were also seen to be clean and well-maintained. Staff spoke about how they supported residents to maintain their bedrooms in a hygienic manner while ensuring that they were respectful of the dignity and autonomy of the residents.

There was a comprehensive cleaning schedule in place with cleaning of all frequently touched areas completed every four hours. Staff talked the inspector through the daily cleaning schedule and outlined their roles and responsibilities in this regard. The person in charge informed the inspector that they had ensured there were sufficient staff on duty to complete the cleaning without this impacting on the residents' activities. The inspector saw that the centre used colour coded mops and cloths when cleaning in order to prevent transmission of infection.

Staff could also describe the standard precautions adhered to in order to prevent transmission of infection on an everyday basis, as well as the transmission based precautions implemented when there was an outbreak of infection. However, the inspector was informed that while there was a COVID-19 outbreak management plan, there was no general outbreak management plan to guide staff in the event of an outbreak of another transmissible infection.

There was sufficient availability of hand sanitising points throughout the house and the inspector saw staff using these on a regular basis throughout the inspection. Bathrooms were also supplied with hand soap and disposable paper towels.

Staff described feeling well supported in their role and reported that they had access to online training in IPC as well as in-person support and advice.

The inspector saw staff and residents interacting throughout the day in a kind and supportive manner. Staff and residents appeared to know each other well in spite of recent staff changes. The inspector saw staff assisting residents with activities of

daily living and with rehabilitation activities.

Overall, the inspector found that the centre was operating at a high standard for infection prevention and control. Practices were found to generally be in line with the National Standards for Infection prevention and control in community services (HIQA, 2018). However, the inspector saw when reviewing documentation, that some documents required enhancement to ensure comprehensive oversight of IPC risks. This will be discussed further in the capacity and capability section of the report.

The next two 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 that the registered provider had implemented effective governance and management arrangements at the provider level in order to mitigate against the risk of residents acquiring a healthcare-associated infection. However, some enhancements were required to the local operating procedures in the designated centre to ensure that they were in line with public health guidance and were sufficiently detailed to guide staff in managing an outbreak of infection.

The provider had in place an IPC committee who met regularly. This committee were in the process of drawing up a strategic plan for the management of infection prevention and control risks across the provider's designated centres. There was a senior identified individual on this committee with overall responsibility for the management of IPC risks.

The inspector was informed that the provider had recently reviewed the organisational level risk register and had commenced audits for the IPC risks which were the highest risk rated. For example, national audits of the management of blood spillages and the maintenance of bathrooms in their designated centres had recently been completed. The inspector saw that actions were identified from these audits and that actions were progressed in a timely manner. For example, local operating procedures for the management of blood spillages had been drawn up and designated centres had been funded to purchase blood spillage kits. Staff spoken with were informed regarding the new local operating procedures.

Other audits such as the six monthly unannounced visits, also comprehensively identified IPC risks and set out a time bound plan to manage these risks. The inspector saw that actions were progressed in a timely manner. For example, the most recent six monthly audit had taken place only three working days before the inspection. The inspector saw that several actions identified through this audit had

already been completed.

There was a clear communication to staff in relation to IPC procedures and policies. Staff were informed in writing through emails of any changes to IPC guidance. The inspector saw that IPC was also discussed at staff meetings and at shift handovers.

Staff were guided in the management of COVID-19 by a COVID-19 service planning response document and a COVID-19 outbreak management plan. These documents were further supported by risk assessments which detailed control measures to mitigate against the transmission of COVID-19. However, there was no outbreak management plan in place to guide staff in the event of an outbreak of another transmissible infection.

The documentation of the colonisation status of residents was another area which required additional oversight by the provider. Many residents had stayed in acute or rehabilitation hospitals before coming to live in Mobhi Road. Questions regarding residents' colonisation statuses were not asked as part of the admissions process. This required review by the provider.

There was a very high level of staff training maintained in the designated centre. Staff were required to complete online training on HSEland pertaining to IPC as well as supplementary training designed by the provider and made available on their intranet. The inspector was also informed that spot checks and training in PPE and hand hygiene were completed by the person in charge and team lead however these were not recorded.

There had been several changes to the staff team in recent months and at the time of inspection, there were two whole time equivalent vacancies. Staff had been recruited for these vacancies and were due to commence in post in January 2023. The provider had in place a panel of relief and agency staff to fill any gaps in the roster. The inspector had the opportunity to speak to staff, including staff who had recently commenced employment in the designated centre. The inspector found that staff had received a comprehensive induction and were aware of their roles and responsibilities. A review of the roster demonstrated that there were sufficient staff in place to meet the needs of the residents and that the staffing levels were maintained as per the statement of purpose.

Quality and safety

The inspector found that residents were in receipt of service which was delivered in a safe manner and largely in line with the national standards for infection prevention and control in community services. The service was delivered in a manner which was person-centred and rights informed.

It was clear from talking to one resident that they had been provided with education regarding COVID-19 and standard precautions. The inspector also saw on a review of residents' meetings that IPC was regularly discussed along with any changes to public health guidance relating to COVID-19. Residents had been supported to develop autonomy in managing their healthcare needs in line with their individual needs and preferences.

Residents told the inspector that they were supported to cook their own meals if they wished to do so and that they received support to clean their bedrooms and en-suites. Staff spoken with were mindful of the need to maintain a clean environment, including in residents' bedrooms, while ensuring that they did so in a manner that respected residents' rights and, in particular, their dignity. Residents were informed regarding advocacy services. Information was available in the designated centre on how to access advocacy supports.

The inspector saw that the house was very clean and well-maintained. The provider had completed recent refurbishments and the most recent six monthly audit had identified further actions to be taken. The inspector saw that actions were addressed in a timely manner. For example, the six monthly audit on 08 December 2022 had identified that the storage of food in the refrigerator required review to ensure it was stored hygienically. This had been completed by the date of inspection. The inspector saw that food was stored hygienically and labelled.

The provider had in place a system of colour coded mops and cloths to ensure that infection was not transmitted during cleaning.

There was also a system of water flushing in place to ensure that all outlets in the designated centre were flushed on a regular basis. This ensured that harmful bacteria could not build up in less frequently used faucets.

The inspector saw that IPC was actively considered as part of the routine delivery of care in the designated centre. Staff showed the inspector locally available guidance in areas such as daily cleaning and recently received guidance for the management of more significant events such as blood spillages. Staff were seen to adhere to good hand hygiene throughout the course of the inspection. There was availability of appropriate PPE in areas required throughout the house.

There was evidence of laundry practices which were in line with best practice in IPC. Residents were supported to wash their laundry on separate days. There were protocols in place for the management of soiled linen. The inspector saw that alginate bags were available if required.

There was no invasive medical equipment in use in the centre. There were some items of reusable assistive equipment as required by the residents, such as shower chairs. The inspector saw that this equipment was clean and well-maintained. The most recent six monthly audit had identified that an individual care plan as required for the cleaning of shower chairs and other reusable equipment. This action was in progress at the time of inspection.

There had been an outbreak of COVID-19 in the designated centre within the past

12 months. The inspector saw that this was responded to effectively and in line with public health guidance at the time. Staff were familiar with the COVID-19 outbreak management plan and how to manage suspected cases of COVID-19. However, as previously mentioned, the outbreak management plan required enhancement to ensure that staff could effectively respond to all instances of transmissible infections.

Regulation 27: Protection against infection

The inspector found that the practices in the designated centre were largely in line with the National Standards for Infection prevention and control in community services (HIQA, 2018). The provider had in place an IPC committee with a lead person who had overall accountability for IPC. A strategic plan was being drawn up and audits of the provider's designated centres had commenced.

The centre was clean and well-maintained. There were sufficient staff who were competent and knowledgeable in relation to IPC. Residents were informed regarding their healthcare needs, and IPC as it related to their lives. The inspector saw evidence that residents were supported to manage IPC risks in their bedrooms and bathrooms in a manner that respected their privacy and autonomy.

There were some areas which required enhancement to ensure that care provided was fully in line with the National Standards. These included:

- The inspector was informed that a strategic plan for IPC was in the process of being drawn up. However, this was not complete or available for review at the time of inspection.
- There was no comprehensive outbreak management plan in place for the management of transmissible infections aside from COVID-19
- There was no protocol for checking residents' colonisation statuses on admission to the designated centre.
- While practical training and spot checks were reported to have been completed in the designated centre, these were not recorded and so could not be verified.

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 Mobhi Road OSV-0001525

Inspection ID: MON-0035558

Date of inspection: 13/12/2022

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>Strategic Plan for IPC will be developed by the provider in 2023.</p> <p>Colonization status is currently under review on a senior management basis with the aim of adding a question on colonization to the admissions policy and procedures.</p> <p>Furthermore, any discharges from hospital stay will include querying exposure to hospital acquired infections.</p> <p>On a local level risk assessment has been introduced for managing outbreaks other than Covid-19, (introduced January 2023).</p> <p>Training matrix has been updated with all dates training has been completed. All staff have completed relevant training for infection prevention and control, for PPE training (Donning and Doffing) and hand hygiene, management in service will do spot check training and record same, (fully up to date January 2023).</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	31/12/2023