



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

## Issued by the Chief Inspector

Name of designated centre:	Dawn House
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	15 June 2023
Centre ID:	OSV-0002635
Fieldwork ID:	MON-0039052

## About the designated centre

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

Dawn House is a designated centre operated by the Health Service Executive. It provides a community residential service for a maximum of five adults with a disability. The centre is located in a town in Co. Wexford. The designated centre is a detached bungalow which consists of a dining room, kitchen, laundry room, living room, activity room, sensory room, five individual resident bedrooms, office, and a number of shared bathrooms. The premises has its own internal gardens and all areas and facilities are easily accessible to the residents. The staff team consists of a clinical nurse manager 1, nursing staff and multi-task workers. The staff team are supported by a person in charge.

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

Number of residents on the date of inspection:	5
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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
Thursday 15 June 2023	10:30hrs to 15:30hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

The designated centre was home to five residents on the day of the inspection. The inspector had the opportunity to meet with four of the residents in the morning. One resident was being supported to access a health care appointment and was met in the afternoon. Some residents used alternative and augmented methods of communication and did not verbally share their views with the inspector, and were observed throughout the course of the inspection in their home.

On arrival, the inspector met with three residents in the dining room who were having tea with two members of the staff team. The residents appeared comfortable in their home and positive interactions with the staff were observed. One resident was observed relaxing in the sensory room. On the day of inspection, the staff team were below their staffing complement due to one member of staff covering sick leave in another centre operated by the provider. The staff team observed to supporting residents to engage in activities in the house including enjoying the good weather in the garden, massage and listening to music. One resident spent time in the office observing the inspector and person in charge. Later in the morning, one resident returned from a health care appointment with two staff members. They appeared happy to be returning home. Overall, the residents appeared content in their home and in the presence of the staff team.

As noted, the designated centre is a detached bungalow which consists of a dining room, kitchen, laundry room, living room, activity room, sensory room, five individual resident bedrooms, office, and a number of shared bathrooms. The inspector completed a walk-through of the centre and found that the centre was visibly clean and decorated in a homely manner. In general, the designated centre was kept in a good state of repair. On the day of the unannounced inspection, the provider's maintenance staff were observed on-site carrying out maintenance works on fire doors and identified maintenance issues. However, there were some areas for improvement identified including areas of laminate worn on kitchen cabinets, areas of damp stains on one resident's bedroom wall and the tiling in one bathroom which required attention.

During the inspection, the inspector observed a fire door wedged open between the kitchen and dining room. This practice negated the purpose and function of the fire door. This was identified to the person in charge on the day of inspection and the inspector was informed that the maintenance team would review same. In addition, the inspector observed oxygen cylinders that were not stored securely and this was

identified to the person in charge.

The inspector observed a number of measures in place to promote a clean environment that minimised the risk of transmitting a healthcare associated infection. These included the appropriate arrangements in place for the management of clinical and non-clinical waste, cleaning procedures, staff and resident symptom checks, pedal operated bins and hand hygiene facilities located throughout the centre.

There were systems to ensure the resident's rights and dignity were respected. At the time of the inspection, there was no restrictions on visitors. It was evident that infection control and COVID-19 measures were discussed with the residents in a way that was accessible to them. Meetings with the residents demonstrated regular discussion of infection control, updates regarding COVID-19.

Overall, the inspector found that the provider had effective arrangements in place in relation to infection prevention and control. However, some improvement was required in relation to areas of the premises and one laundry management practice required review.

The next two 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 an overall judgment on compliance under Regulation 27, Protection against infection.

## Capacity and capability

Overall, the inspector found that the provider had put in place suitable oversight and management arrangements which supported good infection prevention and control practices.

There were clear and effective governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control measures in the centre. The centre was managed by a full-time person in charge in place who was also responsible for another designated centre. They were supported in their role by a Clinical Nurse Manager 1. There was evidence of regular quality assurance audits of the quality and safety of care and infection control measures taking place, including the annual review 2022, unannounced provider six monthly audits and infection prevention and control audit. These audits identified areas for improvement and developed actions plans in response. For example, the infection prevention and control audit carried out in April 2023 identified the need to install a fly screen for a kitchen window and to change the filter of the extractor fan. These had been addressed.

The service had up-to-date infection prevention and control policies in place which were subject to regular review and which guided the care and support that was provided in the centre. In relation to COVID-19, the provider had developed a centre-specific COVID-19 contingency plan for staffing and isolation of the residents in the event of a suspected or confirmed case of COVID-19.

There was an established staff team in place. The staff members were responsible for supporting residents and ensuring the provider's systems and policies regarding infection control were implemented in the centre. From a review of rosters, for the most part, staffing levels were maintained to meet the needs of the residents and the centre's infection prevention and control needs. During the day five staff members supported the five residents and at night, two waking night staff were in place. The inspector reviewed minutes of recent staff meetings which demonstrated that infection prevention and control was discussed regularly.

There was a program of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, infection prevention and control and Personal Protective Equipment (PPE). In addition, the person in charge had identified additional infection prevention and control training which the staff team were undertaking at the time of the inspection. Staff spoken with, demonstrated that they were knowledgeable regarding infection control practices in the centre and measures in place to reduce the risk of COVID-19.

## Quality and safety

The registered provider and staff team were ensuring that the service provided was safe and in line with national guidance for infection prevention and control in residential care facilities. However, some improvement was required in areas of the premises and one laundry management practice required review.

As noted, the designated centre consists of a detached bungalow. The inspector completed a walk-around of the centre and found that the centre was visibly clean and decorated in a homely manner. Generally, the designated centre was well maintained. The previous inspection identified areas of paint and flooring which required attention. This had been addressed.

However, there were some areas of the premises which required improvement. For example, areas of the laminate on the kitchen cabinets were observed to be worn. This had been self-identified by the provider and an environmental health audit in January 2023 as an area for improvement as it did not promote effective infection prevention and control. In addition, areas of damp stains were observed on one resident's bedroom wall. The person in charge noted that the centre's heating system was on the opposite side of the wall and the damp stains had been identified in late 2022. While, the provider has reviewed this on a number of occasions and

plans were in place to address same, this issue remained ongoing.

The inspector observed infection control practices in relation to waste disposal (including clinical waste) and laundry management. Staff spoken with were knowledgeable on the arrangements in place for the management of waste and laundry. However, the practice of using one laundry basket between all residents required review. While, the basket is used for one resident at a time and cleaned between uses, the practice requires review to ensure it is appropriate and in line with the provider's policy.

Cleaning schedules were in place and these were implemented by the staff team daily. The cleaning schedules outlined areas of the centre to be cleaned including the residents' bedrooms, bathrooms, the kitchen, dining area and living areas. There was appropriate areas for the storage cleaning equipment and a colour-coded mop system in place. There were regular checks and cleaning schedules in place for residents' assistive equipment including slings and blood glucose monitors.

There were appropriate systems in place for the assessment, management and ongoing review of risk in the centre. Risk assessments had been developed regarding potential infection control and COVID-19 risks.

The residents had appropriate access to healthcare services including a general practitioner (GP). Individualised support plans were in place for the management of any identified healthcare needs.

## Regulation 27: Protection against infection

Overall, the inspector found that the provider was generally meeting the requirements of the national standards for infection prevention and control in community services.

The designated centre was visibly clean on the day of the unannounced inspection. The staff team were guided by the provider's infection control policy and all staff had completed training in areas including infection control. There were systems in place and infection control measures were regularly audited and reviewed. In relation to COVID-19, there was evidence of contingency planning in place in relation to staffing and the self-isolation of the residents.

However, some improvement was required in:

- damaged kitchen surfaces posed a barrier to effective infection, prevention and control,
- damp stains on one wall of resident's bedroom,
- tiles in one bathroom required attention, and,
- the practice of one laundry basket required review.



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 Dawn House OSV-0002635

Inspection ID: MON-0039052

Date of inspection: 15/06/2023

## 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> <ol style="list-style-type: none"> <li>1. Damaged kitchen surfaces posed a barrier to effective infection, prevention and control: PIC has requested a new quotation for a replacement kitchen from maintenance, same has been completed, quotation will be escalated to DON for funding to be approved to complete the required works- to be completed by 29/02/2024.</li> <li>2. Damp stains on one wall of resident's bedroom- this concern has already been identified to maintenance, same has been re-escalated to maintenance manager for immediate action. Technical services have appointed contractors to assess and rectify the issue-Works to be completed within 6 weeks.</li> <li>3. Tiles in one bathroom required attention- deep cleaning of tiles in bathroom occurred. Corrective action completed.</li> <li>4. The practice of one laundry basket required review- Practice in place for laundry management required review- CNM2 has spoken with CNM2 SECH Infection prevention &amp; control nurse, a review was completed of laundry management and measures have been put in place to reduce the risk of contamination-corrective action completed.</li> </ol>	

**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	29/02/2024