



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

Issued by the Chief Inspector

Name of designated centre:	Oatfield House
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	04 April 2023
Centre ID:	OSV-0006699
Fieldwork ID:	MON-0038903

About the designated centre

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

Oatfield House provides a residential service for six adults, both male and female, over the age of 18 years with disabilities. The centre comprises one two-story house which accommodates five residents and one single occupancy one bed roomed apartment. Each resident has their own double bedroom decorated to their individual style and preference. Communal facilities include two large sitting rooms, a fully furnished kitchen cum dining room, a sun room and communal shower/bathrooms. Residents are encouraged and supported to participate in the community and to avail of the amenities and recreational activities. The service is staffed by a person in charge (who is a qualified nursing professional), two nurses, two team leaders and a team of direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 4 April 2023	10:20hrs to 16:20hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation to the management of infection prevention and control (IPC). The centre comprised of a large detached house with a one bedroom self-contained apartment to the rear of the property. It provided care and support to six adults with disabilities and was located in County Meath in close proximity to shops and restaurants.

The inspection was completed over one day and the inspector met with and briefly spoke to four of the residents.

On arrival to the house, the person in charge met with the inspector. They guided the inspector through the infection prevention and control procedures required on entering the house and invited the inspector to use a hand sanitiser gel which was available in the hall. All staff were observed to be wearing appropriate PPE throughout the course of the inspection process.

The house was observed to be large, spacious, generally well maintained, clean and free from clutter. Four residents had their own ensuite bedroom and a number of communal bathroom were also available to the residents. The apartment was not visited as part of this inspection as the resident living there was lying down for most of the day.

One resident was just leaving the centre as the inspector arrived to go to a healthcare-related appointment. Before they left they told the inspector that they were happy in their home. The resident also had a good sense of humour and appeared to get on very well with the person in charge and enjoy the company of the staff team.

Another resident was observed to be relaxing in a sitting room listening to soft music. The person in charge explained to the inspector that the resident liked low lighting, soft music, relaxation therapies such as essential oils and a quiet space in the centre. All of this was available to the resident and the inspector observed that they appeared relaxed and comfortable in their home. Additionally, the person in charge and staff team were observed to be attentive, patient, kind and caring in their interactions with the resident.

Pictures of the residents engaging in hobbies and activities of their choosing and preference were on display in the hallway. For example, the inspector saw pictures of residents on various social outings to the local town centre and on various day trips to nearby lakes and a castle. One resident liked fishing and there was a picture of them engaged in this activity with staff support. Other residents were observed to enjoy activities like go-carting, gardening, gaming on their computers, attending salt therapy sessions and going for a day out in a nearby activities centre.

Birthdays were also celebrated in the house and the inspector saw pictures of one resident celebrating their 21st birthday with a party in their home. The resident looked happy in the photographs and appeared to have enjoyed their big day.

Some resident also liked to be involved in the running of their home and help around the house and, this was encouraged and supported by the staff team. For example, the inspector saw photographs of one resident baking in the kitchen and helping to clean up afterwards with staff support.

Later in the day three of the residents went for a drive and a walk along the beach. The inspector spoke with them briefly before they left for their day out and they reported that they liked going for drives and liked the beach. They also said that they liked their home and were happy living there.

The inspector looked at a sample of written compliments received from family members about the care provided in the house and noted that they were positive. For example, one family member reported that staff were very kind and helpful, while another reported that they were happy with the care. Additionally, the person in charge informed the inspector that there were no open complaints about the quality or safety of care at the time of this inspection.

While some issues were identified with the staffing arrangements and more minor issues identified with the upkeep of the premises on the day of this inspection, residents appeared happy and content in their home and, the provider had arrangements in place to respond to and manage an outbreak of an infectious disease in the centre. Additionally, staff were observed to support the residents in a person centred, kind and professional manner and residents appeared comfortable and happy in the company and presence of staff.

The following two sections of the report will present the findings of the inspection in more detail.

Capacity and capability

The provider had in place a range of schedules, policies, guidelines and procedures so as to promote effective IPC systems in the house. However, the contingency plan for staffing arrangements required review as it was not effective in ensuring staffing levels were adequately maintained in line with the statement of purpose.

The person in charge was responsible for the implementation of the provider's guidance documents and procedures regarding IPC. However; to support the person in charge, the provider had put in place a mechanism for the overall governance and oversight of the service and for IPC related practices. For example, the director of nursing was available to provide support and advice to the person in charge and the centre. Additionally, the person in charge could link in with a designated IPC lead to

discuss any IPC related issue should one arise.

Any updates on IPC was disseminated to the staff team by the person in charge and IPC related issues were discussed at team meetings. For example, at the last staff meeting on March 24, 2023, the COVID-19 contingency plan was discussed with the staff team. Additionally, the importance of good hand hygiene practices and social distancing where appropriate was also discussed with residents at their last weekly meeting on March 29, 2023.

The inspector reviewed a number of documents the provider had in place to support their IPC operations. These included guidelines and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. The contingency planning document was clear and straightforward to follow. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-19 in the centre.

It was observed that one risk assessment regarding cross contamination pertaining to one resident was not on their file however, when this was brought to the attention of the person in charge, they rectified the issue immediately.

While staff were observed to be attentive to the needs of the residents and were adhering to the providers schedules with regard to the upkeep and cleaning of the centre on the day of this inspection, the providers contingency plan regarding the staffing arrangements required review. Due to unexpected absences and leave over the last few months, the centre was operating without its full complement of staff and the inspector observed that on numerous occasions there were only two staff working live nights as opposed to three. This was of concern to the inspector as the centre comprised of one very large building and a separate apartment and, staff were required to undertake a number of cleaning activities on night duty in order to effectively implement the providers IPC arrangements for the upkeep and cleaning of the premises.

Additionally, some of the residents in this service had significant and complex health-related needs and ensuring those needs were provided for when the centre was short-staffed was a priority for the staff team. The person in charge informed the inspector that when there were only two staff on night duty, they did not always have adequate time to ensure all cleaning tasks were completed such as residents laundry and had to leave this for day staff to complete.

Prior to the end of this inspection the person in charge provided written assurances from the Director of Operations that three new staff would commence working in the centre on April 30, 2023. Additionally, the Chief Operations Officer also provided written assurances that while awaiting for the three new staff to commence working in the centre, contingency arrangements would be utilised to ensure appropriate staffing levels were maintained (day and night) using a mixture of familiar relief staff, planned overtime and the redeployment of staff from other parts of the service.

From viewing a sample of files, the inspector observed that staff had training in IPC

as per the organisations IPC policy. For example, staff had training in IPC, hand hygiene, donning and doffing of personal protective equipment (PPE), respiratory hygiene and cough etiquette, cleaning and disinfecting the healthcare environment and patient equipment, management of spills and standard and transmission-based precautions. The person in charge and team leads/staff nurses had additional training in areas such as aseptic techniques, breaking the chain of infection and antimicrobial stewardship.

A number of audits to include an annual review of the quality and safety of care, six monthly unannounced visits and IPC related audits had been conducted in the centre over the last few months. These audits were identifying areas of good practice with regard to IPC and areas that needed addressing. Where required, following such audits an action plan was developed so as to address any issues found.

Quality and safety

The healthcare-related needs, communication needs and preferences of the residents were clearly detailed in their personal plans and, the provider had developed a hospital passport for each resident so as to alert staff and other healthcare professionals to the residents assessed needs, how best to communicate with them and support them.

Good practices were observed in relation to the delivery of person centred care and in some of the local implementation of infection prevention and control procedures. For example, the house was found to be clean and generally well maintained which helped to minimise the risk of acquiring a healthcare-associated infection.

There were systems in place to promote and facilitate good hand hygiene practices and antibacterial gels were available in multiple different locations in the centre. Staff were also observed to use these hand gels over the course of this inspection. The provider also had sufficient stock of PPE available and staff were observed to use it in line with national policy and guidelines.

The inspector completed a walk-through of the house and found the premises was found to be clean, tidy and free from clutter. Cleaning schedules were in place for high-touch areas such as light switches, door handles and remote controls. Cleaning schedules were also in place for bathrooms, bedrooms, laundry rooms and the kitchens. These helped ensure the overall effective hygiene of the centre.

From viewing a sample of documentation, staff were also observed to be adhering to cleaning schedules in place in the house. However, some minor issues were identified with the premises that could pose a possible IPC related risk. For example, some kitchen presses needed repair work or replacing and the kitchen table was observed to be marked/scuffed.

There was a colour-coded system in place in the house regarding the use of mops and cloths so as to minimise the possibility of cross contamination. The person in charge informed the inspector that each resident had their own laundry baskets and where required, systems were in place for laundering soiled linen.

Throughout the course of this inspection, the inspector observed staff were following the provider's general guidelines and procedures on IPC, through the practices that were in place in the centre. For example, staff were observed appropriately wearing PPE, engaging in hand hygiene practices and the centre was observed to be clean (in line with the enhanced cleaning schedules in place). IPC related notices and reminders were also on display in the centre.

Regulation 27: Protection against infection

For the most part the provider had systems in place to detect, respond to and manage the outbreak of an infectious disease in the centre. Additionally, the house was found to be clean and generally well maintained on the day of this inspection. However, some IPC related issues were identified to include:

- Some kitchen presses required repair and/or replacing
- A door in the kitchen was scuffed
- The kitchen table was also scuffed
- The contingency plans to ensure adequate staffing levels were maintained at all times in the centre required review and updating

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 Oatfield House OSV-0006699

Inspection ID: MON-0038903

Date of inspection: 04/04/2023

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> <p>A review of the premises was completed by the Assistant Director of Services, Person in Charge and Maintenance Manager on 11/04/2023. Additionally, an IPC audit assessing the arrangements in place to comply with Regulation 27 Protection against infection.with a was conducted. All actions identified were included within the centres quality improvement plan, which includes time bounded actions.</p> <p>Actions included:</p> <ul style="list-style-type: none"> • The instalation of scratch resistance protective coverings on high traffic areas, where wheel chairs may damage furniture. • The repair of kick boards in the kitchen. • The repair and repainting of kitchen door <p>The completion of these actions will be reviewed during monthly Governance meetings.</p> <p>Additionally, to ensure that adequate staffing levels are maintained at all times in the centre two full time staff have commenced employment. Additonally, two further staff will commence their roles on the 2nd of May 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	31/05/2023