



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 34
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	22 June 2022
Centre ID:	OSV-0007802
Fieldwork ID:	MON-0036137

About the designated centre

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

Community Living Area 34 provides a residential home for three residents with an intellectual disability. The house is situated in a rural setting in Co. Kildare and comprises of three residents' bedrooms, one of which is en-suite. There is also a main bathroom, a kitchen/dining area and sitting room, as well as a sensory/activity room. Transport is available to support residents to access their local community, should they so wish. Residents have day service supports from their location. The emphasis is on activities that reflect individuals' choices and preferences. Residents are supported 24 hours a day, seven days a week by a staff team consisting of a person in charge, nursing staff and care assistants.

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 22 June 2022	10:10hrs to 15:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The inspector of social services found that residents enjoyed living in this centre and that the arrangements that the provider implemented promoted their overall wellbeing and safety. The inspector met with all three residents during the inspection, and the inspection was facilitated by staff who were on duty in the absence of the person in charge. This inspection was focused on the area of infection prevention and control. On arrival at the centre, a staff member answered the door, wearing a surgical face mask in line with recently revised public health guidance. The inspector was directed into the centre, and it was explained to the inspector that temperature checks of visitors, staff and residents had ceased as directed by the provider following changes to public health guidance. When queried by the inspector about what arrangements were in place for the surveillance or monitoring of illness of residents, they were informed symptom checks had stopped. The inspector found this was an incorrect interpretation of the Health Protection Surveillance Centre (HPSC) guidance dated June 2022.

The inspector observed there were adequate hand-sanitising gels and COVID-19-related signage was visible on arrival to the centre. The house provided a homely and welcoming environment for residents to live in. For example, residents' photographs were on display throughout, and it was seen that one resident had a display made of their craftwork. A local newspaper article about the centre's opening for the residents was also framed and was proudly presented on the mantelpiece.

The centre is a large and spacious bungalow for three residents, each of whom have their own bedroom, one of which has an ensuite bathroom. There is also a main bathroom, a kitchen/dining area and two sitting rooms, as well as a sensory/activity room. The house was found to be nicely furnished and equipped. It was evident that residents were being supported to engage in activities according to their preferences and that familiar staff were on duty to support them. As reported in the previous inspection, where the need for adaptations had been identified to a number of bathrooms, the funding had been secured, and works were due to commence in the centre following the inspection. While there remained bathrooms that did not meet the accessibility needs of residents, the inspector found it was not currently having a negative impact on residents.

The provider had reviewed the centre to identify areas that needed maintenance, such as replastering and resealing of shower units, and the inspector observed that many aspects of the centre were well kept. The inspector found that this was a proactive effort in ensuring that residents were living in a well maintained home and that staff members could efficiently clean and disinfect all parts of the centre. However, although the provider was actively working to enhance centre maintenance, there were some areas that needed attention that had not yet been identified on the centre's improvement plan. Two of these areas had storage issues, as discussed later in the report.

Three residents lived in the centre at the time of the inspection, and they had moved into the centre in late 2020. They had transitioned from a congregated-based setting on a campus where they had lived for many years. There was a very pleasant atmosphere in the centre, and residents were engaged in their morning routines. The inspector met with three residents over the course of the inspection and spoke with staff. Some residents living in this centre required some support to communicate their views and choices, while others spoke directly to the inspector. The inspector also observed residents' daily interactions and lived experiences and reviewed several key documents, policies, guidelines and individual care plans.

One resident was knitting socks when the inspector met them, and the inspector was shown the order book for knitted items that the resident was making for others. The centre provided day-service supports to all residents, and a dedicated staff member was appointed to oversee centre-based activities. Additionally, residents participated in community events that complemented their expressed preferences and interests. For instance, several residents enjoyed visiting the local gardening centre and attending campus events, such as the annual garden party, which residents were looking forward to attending to catch up with family and friends.

Staff spoken with were familiar with residents' support needs. A review of documents found that individualised support plans were in place for residents that directed person-centred infection control practices. For example, there were plans in place to guide staff in supporting residents in the event of a COVID-19 outbreak. However, the inspector noted that improvement was required to accurately outline the supports that residents would need in the event that they needed to self-isolate.

Residents who spoke with the inspector said they liked their home and the staff who supported them. They were very relaxed in the company of staff, and when a senior manager attended, they both sat and chatted about times gone by and where the resident came from and where they had lived prior to moving to this centre. There were sufficient staff on duty to support residents to meet their needs. Staff had been supported to access a range of training in infection prevention and control, including hand hygiene and the National Standards for infection prevention and control in community services.

Overall, it was evident from observations made in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. For the most part, staff spoken with were knowledgeable in relation to the infection control measures in the house, although some staff were not clear as regards the arrangements for disinfecting medical equipment or replacing filters. Records in relation to the cleaning arrangements for these devices could not be located by staff on the day of inspection.

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 and overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall the inspector found that the provider was implementing a number of systems to protect residents from healthcare-acquired infections. However, improvements were required concerning infection prevention and control measures, particularly relating to infection prevention and control audits, staff guidance and staff's access to the relevant information in the absence of the person in charge.

This centre was last inspected in April 2021, where a high level of compliance was found with the regulations. This inspection was unannounced, and the purpose of the inspection was to monitor the centre's levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services. The provider had infection prevention and control arrangements in place in this centre to protect the safety and welfare of staff and residents. Although many of these arrangements had proved effective, this inspection did identify where some improvements were required to aspects of contingency planning, cleaning arrangements and to the overall monitoring systems in place, particularly in relation to infection prevention and control.

In order to effectively provide care and support to residents, the centre was found to be suitably resourced. These resources included the provision of appropriate, secure, and comfortable equipment and furnishings, appropriate transportation for residents to use, and sufficient staffing levels to support residents. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand-sanitising dispensers, supplies of disposable gloves and aprons, cleaning materials, and thermometers for checking temperatures.

There was a clear organisational structure to oversee the management of the centre. There was a suitably qualified and experienced person in charge. The person in charge was based in an office on campus that was located near the centre and was frequently present in the centre. The person in charge held the overall responsibility for ensuring good infection prevention and control practices were implemented in the centre. The person in charge was on planned leave on the day of the inspection, therefore staff members working in the centre assisted with the inspection. Due to the unavailability of a number of documents during the inspection, the inspector requested these be sent by email following the inspection for review. Staff members spoken with were aware of how and with whom to raise any infection prevention and control concerns which was in keeping with the organisational structures in place for the provider's designated centres. There was also an on-call service in operation outside of normal working hours for staff to raise concerns or seek guidance if required.

The provider had monitoring systems in place to oversee the quality and safety of

care delivered to the residents, which included six-monthly provider-led audits and various other internal audits completed by the person in charge and staff. The inspector reviewed documentation received post-inspection for the effectiveness of these monitoring practices. The inspector found while these monitoring systems looked at many aspects of the service delivered to residents, improvements were required to ensure these monitoring systems included the review of infection prevention and control practices specific to this centre. For example, the last six-monthly unannounced audit in April 2022 did not include infection prevention and control measures as part of its review.

The national standards encourage providers ensure their staff have the competencies, training and support to enable safe and effective infection prevention and control. A self-assessment tool completed by the provider stated that all staff were requested in February 2022 to refresh their online training courses in relation to infection prevention and control guidance. On review of the training matrix, received post-inspection, all staff had completed the required refresher training in infection prevention and control including training on the national standards.

A COVID-19 self-assessment by the provider on their preparedness to effectively respond to an outbreak of COVID-19 in the centre was also completed and received post-inspection. Details contained within compared overall with the findings during the inspection.

On further review of the COVID-19 measures in place in response to the ongoing public health advice, a specific COVID-19 lead had been nominated for the centre. A COVID-19 lead is someone with sufficient knowledge of the designated centre's COVID-19 contingency plan, and staff were aware who this person was. In addition, the provider recently reviewed the COVID-19 contingency plan in place for this centre which was noted to contain very relevant information in areas such as escalating concerns and how staffing levels were to be maintained in the event of a COVID-19 outbreak. It was found, though, that some of the information contained within this contingency plan, such as around self-isolation for residents within bedrooms, could not be fully implemented during a recent outbreak of COVID-19 within the centre. While alternative arrangements were put in place, the guidance in the centre had not been updated to reflect the revised plans. The inspector acknowledged that an up-to-date contingency plan was submitted post-inspection with appropriate control measures in place; however, improvement was required so that all staff could locate and access the relevant information. It was also noted following a previous COVID-19 outbreak which impacted this centre; the provider had completed a post-outbreak review to determine if there were any learning from how the outbreak was managed.

Quality and safety

As mentioned earlier, the centre was observed to be clean, and the provider had a

refurbishment plan in place to ensure that the centre was kept in a good state of repair and upkeep. Some improvements were noted within this section, including cleaning and disinfecting processes to eliminate or reduce the risk of healthcare-acquired infections to residents.

The centre comprises one bungalow located on the outskirts of a town in Co. Kildare. Each resident has their own bedroom, shared bathroom, two sitting rooms, utility, kitchen and dining area and staff office. Under the national standards, care for residents should be provided in a clean and safe environment that minimises the risk of transmitting any infection. As highlighted earlier in this report, the premises provided for residents was generally seen to be clean. This was helped by the presence of specific daily, weekly and monthly cleaning schedules that were in place. External cleaners were also resourced every three months for a deep clean of the centre. The inspector reviewed cleaning records which indicated that cleaning of this centre had been carried out consistently in recent months. Some areas recently had maintenance works completed, and staff explained to the inspector that replastering in some areas were due to be completed as a result of the works carried out.

While the cleaning processes were deemed satisfactory, the inspector found improvements were required to the decontamination of medical equipment and the guidance available to staff on the use of single-use devices. The inspector reviewed the arrangements in place for the cleaning and disinfection of medical equipment used within the centre as per the accompanying manufactures guidance. A ventilator required filter cleaning fortnightly and filter replacement every 30 nights. Staff spoken with did not know the processes in place to complete this cleaning, and there was no record kept that the required maintenance was completed. Incorrect information was also found in relation to the cleaning and disinfection of nebuliser masks and tubing. While cleaning instructions were available, these did not include the requirement of sterile water versus tap water as per national guidance for the control of Legionellosis that outlines that nebulisers have the potential to be a source of infection if used incorrectly.

Furthermore, while the guidance to staff required review, the inspector found the oversight and stock check of medical equipment did not ensure safe infection prevention and control practices. On examining the stock of nebuliser masks and tubing, the inspector found that the centre's stock was single-use and, therefore, should be discarded after every use and could not be cleaned, disinfected and reused. The inspector brought this issue to managements' attention at the feedback session for review.

The provider had implemented a new overarching infection prevention and control policy, dated May 2022. The purpose of the policy was to provide guidance on how the Muiriosa Foundation infection prevention and control policies relate to one another. It also gave instruction on infection prevention and control risk assessment and audit practice in accordance with the standards. As part of this, it contained an infection prevention and control audit tool and action plan. However this had not been completed at the time of the inspection as part of the infection prevention and control audit information requested post-inspection. This suggested that aspects of

the auditing practices in operation required improvement to ensure that issues related to infection prevention and control were identified and actioned as discussed throughout the report.

The house also had a colour coding system for equipment such as mops and buckets, which had recently been enhanced to include cleaning clothes and chopping boards. These helped staff to clearly identify which equipment should be used when completing tasks in different areas of the house. This practice supported staff to minimise the risk of the transmission of potential infections. While staff could clearly identify this system to the inspector and discuss which item would be used in which area of the centre, there was some difficulty locating the correct colour mop heads. On review of the storage arrangements in the utility room, it was found that a general tidy of this area was needed. The press containing washed mop heads was blocked and difficult to access. They were also placed on top of other household items, including toilet paper rolls. Another storage issue was identified in the second sitting room, where boxes of personal protective equipment (PPE) were kept in the open. Staff were seen to reorganise this area during the inspection so that the PPE stock was put away and off from the floor area.

There were adequate arrangements for laundry and waste management. There were dedicated areas for waste, clinical waste bins, and clinical waste bags could be sourced in the event of an outbreak. Staff were able to explain the organisational policies for the use of clinical waste, and clinical bins, as observed by the inspector, were kept locked in line with best practice.

There had been no new admissions to the centre since the previous inspection. Residents' individual healthcare needs were well maintained, and residents were reviewed by medical professionals for scheduled checkups and also in times of illness. Residents' health and wellbeing were also actively promoted, with a sample of files sampled showing that residents were supported to attend preventative health screening.

Regulation 27: Protection against infection

While there was evidence of good systems and structures in place related to infection prevention and control, improvement was required in some areas which included:

- The provider's six-monthly audits did not fully consider infection prevention and control
- There was an absence of guidance or information around the cleaning and maintenance of a nebuliser and ventilator
- The location and access of infection, control and prevention documents required review to ensure they were easily accessible to all staff
- The most current version of the HPSC guidance was not available to staff in the centre to guide practice

- The provider should ensure that there is a system in place to monitor residents for signs and symptoms of respiratory illness or changes in their baseline condition as stated in HPSC published guidance dated June 2022.

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 34 OSV-0007802

Inspection ID: MON-0036137

Date of inspection: 22/06/2022

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> <ul style="list-style-type: none"> • Infection Prevention and Control Audits will be completed on a quarterly basis, alongside a Quality Improvement Plan. • Since completion of the viewed 6 monthly audit, a full review was carried out to include Infection Prevention and Control. • Guidance on the cleaning and maintenance of nebulizers and ventilators will be developed and will be discussed at a team meeting so all staff are familiar with the correct cleaning and maintenance of the above mentioned items. • Contingency plans have been reviewed and updated to include learning from the most recent post outbreak review. • The current version of the HPSC guidance is now in place. • Any staff who were out of training in Infection Prevention and Control have now been scheduled to complete same. • There is a system in place to monitor residents for signs and symptoms of respiratory illness as outlined in HPSC published guidance dated 01/07/2022. 	

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	30/09/2022