



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

Issued by the Chief Inspector

Name of designated centre:	Redwood
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	19 December 2022
Centre ID:	OSV-0008225
Fieldwork ID:	MON-0038387

About the designated centre

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

Redwood is a designated centre operated by Sunbeam House Services CLG. Redwood is a detached property located in Co. Wicklow comprising of six resident bedrooms, of which some have ensuite facilities. The centre provides residents with a dining room area with communal space and a kitchen also. The designated centre can support up to six adult male or female residents with intellectual and physical disabilities. The centre is managed by a full-time person in charge and a staff team of a deputy manager, nurses, care assistants, and social care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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
Monday 19 December 2022	09:50hrs to 16:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced 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.

The centre comprised a single storey building. The residents temporarily moved into the centre earlier in the year while renovation works were being undertaken in their full-time home. The residents are due to return to their home in January 2023. The centre was within close proximity to a local town, and there was a vehicle available to support residents in accessing their community.

The inspector carried out a thorough walk-around of the centre with the deputy manager. The inspector observed COVID-19, hand hygiene, and general IPC signage through out the centre, however hand sanitiser was not readily available. There was also information on complaints and safeguarding displayed.

The premises were found to require upkeep and maintenance, for example, some of the flooring was marked and damaged, and some walls were stained. The inspector also observed other infection hazards, such as rust on radiators, and damaged fabric on a foot stool and office chair. The premises had been decorated to make it more homely, for example, nice photos and pictures were displayed. However, parts of the centre remained institutional in aesthetic, for example, there were exposed pipes in some of the bathrooms. The main communal area was a dining living room. The kitchen was well equipped and the inspector observed a good selection of food for residents to choose from, however the fridge required cleaning.

The residents' bedrooms were spacious and had been decorated to their individual tastes, for example, one resident had their own Christmas tree and decorations. Five of the bedrooms had en suite bathrooms with showers. The hand washing facilities in the en suites were poor and did not promote good hand hygiene as there was no soap, hand towels, or appropriate waste receptacles. Some of the equipment used by residents required maintenance. The arm rests on a wheelchair and standing device were damaged which impinged on effectively they could be cleaned.

The main bathroom was found to be cluttered, disorganised, and not maintained in an appropriate or clean state to promote good IPC standards. The walls were stained, and the floor and fan required cleaning. The waste receptacles required improvement, for example, one bin was rusty and another was not foot pedal operated. The storage arrangements were not appropriate, for example, large rolls of toilet roll and paper towels were stored on the floor close to the sink, and equipment used by resident was stored on top of lockers. There was also a large Christmas decoration on the floor beside the sink. The bath was new and appeared to be clean. However, a shower chair required cleaning. Residents had their own lockers for their personal hygiene and grooming products to prevent infection cross contamination, however the inspector observed two pairs of nail clippers on an open

shelf. Furthermore, a large plastic box containing hair brushes and electric razors was dirty. Some of the cupboards were damaged which impinged on how effectively they could be cleaned. The inspector also observed a pack of personal hygiene wipes that were stained with an undetermined substance. The laundry arrangements required improvement, there was one laundry basket shared by all residents and the inspector observed it to be overflowing.

The laundry room was external to the main building. The inspector found that the organisation and maintenance of the room required improvement, for example, a large box of clean personal protective equipment was stored on the floor close to a dirty mop bucket. The fan also require cleaning.

The inspector tested several fire doors, and found that they closed properly when released. However, one fire door was wedged open with a wheelchair. The inspector was advised that this was an ongoing practice and while the need for a self-closing device to be fitted to the door had been reported, it had not yet been installed. This practice had not been risk assessed and posed a significant risk to the overall effectiveness of the fire containment measures. The inspector also observed that the front exit door was key operated. There was no break glass unit with a key beside the door, instead the key was hung loosely above a bedroom door frame close to the front door. The key was not properly secured and it was not clearly marked to indicate that it was for the front door. The inspector was not assured that in the event of a fire that this arrangement was adequate to ensure a prompt evacuation. The inspector sought assurances from the provider before the inspection concluded that these concerns would be addressed.

Some of these premise matters had been previously reported by the person in charge to the provider. During the inspection, the person in charge was very responsive to the issues observed by the inspector, for example, the shower chair was cleaned, cleaning checklists were enhanced, and waste receptacles improved.

The inspector met all residents living in the centre. They did not communicate their views, but appeared content in their home and comfortable with the staff supporting them. The inspector observed the deputy manager warmly engaging with residents, and responding to their needs.

There was a full staff complement, and the skill-mix consisted of nurses, social care workers and care assistants. The inspector spoke with several members of staff including the person in charge, deputy manager and care staff.

Care assistants told the inspector that the service provided to residents was safe and of a good quality. They advised the inspector that there were no safeguarding concerns, and that all residents evacuated safely during fire drills. They spoke about supporting residents to make decisions in daily lives, for example, choosing their meals and daily activities. They also spoke about IPC matters which are discussed further in the report.

The deputy manager described the quality and safety of provided to residents as being excellent, and had no concerns. They told the inspector that residents' assessed needs were being met, and their rights were being upheld. They spoke

about activities that residents enjoyed, such as eating out, shopping, golf, train trips, swimming, visiting parks, and spending time with families. Some residents were planning to spend Christmas with their families. The deputy manager advised the inspector that any IPC concerns could be escalated to the person in charge or senior management team.

The person in charge had no concerns about the service provided in the centre, but advised the inspector that they could escalate any potential concerns to the senior management team. They were satisfied with the staff skill-mix and complement, and found the support from senior management to be very good.

The inspector observed some positive IPC measures in the centre, such as immunisation programmes, and staff wore face masks in line with public health guidance. However, other arrangements required enhancement, for example, the cleanliness of the centre and upkeep of the premises. Overall, the inspector found that improvements were required to ensure that the centre was operating at a good standard of IPC practice and the registered provider was ensuring the risk of healthcare-associated infection was being managed.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Overall, it was found that while the registered provider and person in charge had implemented arrangements and systems to support the delivery of safe and effective infection prevention and control (IPC) measures, improvements were required to ensure that compliance with the national standards.

There was a clearly defined governance structure with associated roles and responsibilities for the centre. The person in charge was full-time and reported to a senior manager. There was a deputy manager to support the person in charge in their role. The inspector found that the person in charge and deputy manager demonstrated a good understanding of the residents' needs and of the service to be provided in the centre. In the absence of the person in charge and deputy manager, staff could contact a senior manager if they had any concerns to escalate.

In relation to IPC matters, the provider's COVID-19 committee provided guidance and direction. They met regularly and as required, and shared updates on COVID-19 and IPC matters. Within the centre, there was a COVID-19 lead worker representative. They spoke to the inspector about the additional training they completed, and their associated responsibilities which included coordinating the response to a COVID-19 outbreak. The management team and COVID-19 lead worker representative attended COVID-19 and IPC meetings organised by the provider for the purposes of shared learning, for example, a recent meeting had

discussed IPC inspections in other centres.

The provider had prepared a written IPC policy which was available in the centre for staff to refer to. The person in charge also maintained a folder in the centre that contained relevant information for staff to read. The provider had prepared a COVID-19 outbreak protocol, however it was not dated to indicate if it was still current. The person in charge had also prepared isolation plans for residents in the event of a COVID-19 case, one of the plans required minor amendment in relation to bathroom facilities.

The provider had ensured that there was an adequate supply of personal protective equipment (PPE), and there arrangements to easily access more if required. There was also guidance on using PPE for staff to refer to.

The provider had implemented systems to monitor the IPC arrangements in the centre, however the inspector found that the systems required enhancement. The recent six-monthly unannounced visit report, carried out in September 2022, had reviewed aspects of regulation 27, but was limited in scope. It had identified areas for improvement, however not all of the actions were completed, such as upgrades to the office floor. A health and safety audit, carried out in March 2022, and monthly housekeeping audits also reviewed aspects of IPC, such as cleanliness of the centre, waste arrangement, and premise maintenance. The audits had previously noted the requirement for enhanced fire safety arrangements, however the inspector found that these matters had not yet been resolved. The person in charge had also completed a quality improvement plan to assess the effectiveness of the IPC arrangements, and overall was satisfied with the arrangements.

There had been no standalone IPC audit completed by a person competent in this area. The provider was engaging with an external party to provide this service, however as it had not yet commenced, the inspector was not assured that the oversight systems were adequate especially considering the findings of this inspection.

The person in charge had completed a range of COVID-19 related risk assessments. The risk assessments required updating as some of the control measures listed were no longer in place, for example, restrictions on visitors and national restrictions. The inspector found that further IPC risk assessments required development including in relation to a specific behaviour of concern that posed an infection risk.

All staff were required to complete IPC and hand hygiene training to support them in understanding and implementing IPC measures and precautions. The training records provided to the inspector indicated that staff had completed training in hand hygiene, COVID-19, and use of PPE. However, the records also indicated that some staff required general IPC training. Deficits in the training of staff posed a risk to the effective implementation and adherence of IPC measures in the centre. However, there was signage and guidance on IPC and hand hygiene in the centre for staff to adhere to. Staff also attended regular team meetings where IPC was a regular topic discussed to communicate and remind staff of the IPC measures. In October 2022, the meeting minutes noted discussions on COVID-19 vaccines, hand hygiene, and

use of PPE.

The inspector spoke to staff working during the inspection about some of the IPC measures in the centre, including their training, immunisation programmes, cleaning arrangements, use of PPE, and waste arrangements. The inspector found that some staff required further guidance on the cleaning of bodily fluid spills. They had no concerns about IPC in the centre, but advised the inspector that they could escalate any concerns or queries to the person in charge.

Quality and safety

The inspector found that the provider had not ensured that the practices and care arrangements implemented in the centre were fully sufficient to support an appropriate standard of infection prevention and control.

There had been no recent admissions or discharges in the centre. The residents living in the centre had varied healthcare needs and the provider had ensured that appropriate supports were in place to meet them. Residents had timely access to a wide range of multidisciplinary team services as they required, including speech and language, positive behaviour support, occupational therapy, and social work. Where they wished to, residents had been supported to avail of COVID-19 and flu vaccinations programmes.

The person in charge had ensured that residents' healthcare needs were assessed which informed the development of care plans. The inspector viewed a sample of assessments and plans, and found that they were up to date. However, a specific care plan required development in relation to a behaviour of concern that posed an infection risk to ensure that staff had appropriate guidance to support the resident with their behaviour and to manage the associated infection risk.

Staff told the inspector about how residents were supported during national COVID-19 restrictions, for example, organising more in-house and garden activities, and use of video technology to keep in contact with their families.

Aspects of the premises required attention to mitigate potential infection hazards and risks. As described in the first section of the report, the centre was not maintained to an appropriate standard of cleanliness or organisation, for example, the bathroom was dirty and cluttered with poor storage of equipment. The person in charge addressed some of these issues during the inspection. The maintenance of the centre required improvement, for example, there was damaged flooring and torn sofa fabric which impinged on how effectively they could be cleaned.

Other practices observed by the inspector required improvement to ensure that appropriate controls were in place to mitigate cross contamination risks, for example, the storage of residents' personal grooming products in communal bathrooms, and segregation of laundry. The hand washing facilities in the en suites

were poor and did not promote good hand hygiene. Furthermore, hand sanitiser was not readily available. The inspector was advised this was due to a risk of residents ingesting it, however the impact on IPC had not been assessed.

There were dedicated cleaning staff working in the centre one day per week. Nursing and care staff also completed cleaning duties, in addition to their primary roles. Cleaning schedules and records were maintained. Some of the records were found to require enhancement which the person in charge addressed during the inspection. There was a stock of cleaning chemicals in the centre, and they had associated safety data sheets for staff to refer to. The maintenance of cleaning of equipment and waste receptacles required improvement, as the inspector observed dirty mop buckets and rusty bins.

There were arrangements for the safe management bodily fluid spills, such as alginate bags, guidance, and PPE. The inspector was advised that spill kits had also been ordered.

The vehicle used by resident was generally clean, however the IPC facilities required improvement. There was no hand sanitiser in the vehicle, and the inspector observed loose face masks and it was not clear if they were clean or dirty.

There were appropriate precautions to reduce the risk of legionella in the centre, such as regular flushing of taps.

Regulation 27: Protection against infection

The registered provider had developed and implemented systems and processes to prevent, control, and protect residents from the risk of infection, and the inspector observed some practices which were consistent with the national standards for infection prevention and control (IPC) in community services. However, overall improvements were required to strengthen the IPC procedures and practices in order to meet the standards.

The provider had prepared written policies and procedures on IPC matters which were readily available for staff to refer to. However, some of the supporting documentation such as the COVID-19 protocols and risk assessments required amendment and further development.

The arrangements for the oversight and monitoring of IPC in the centre required enhancement. While health and safety inspections, housekeeping audits, and six-monthly reports had reviewed aspects of IPC, there had been no standalone IPC audit carried out by a person competent in this area. However, the provider was engaging with an external party to provide this service. The inspector also found that some of the areas for improvement identified in the aforementioned reports had not been addressed by the provider in a timely matter to mitigate hazards and risks, for example, upgrades to flooring.

Staff working in the centre were required to complete IPC training to support them in understanding and implementing IPC measures and precautions. However, training records indicated that some staff required IPC training which posed a risk to the effective implementation and adherence of IPC measures in the centre. The inspector found that some staff spoken required further guidance on the cleaning of bodily fluid spills.

Residents' healthcare needs had been assessed which informed the development of healthcare plans. However, there was no documented care plan to provide guidance to staff in relation to a behaviour of concern that presented an infection risk.

Aspects of the premises were not well maintained, appropriately organised or clean. The premises issues required attention to mitigate potential infection hazards and risks. Furthermore, the hand washing facilities were not adequate to support good hand hygiene, and the waste and laundry arrangements required enhancement.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Redwood OSV-0008225

Inspection ID: MON-0038387

Date of inspection: 19/12/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>All residents' personal grooming products are now stored in their bedrooms, Bathroom de-cluttered, cleaned and reorganized, All Residents have their own personal Laundry Baskets and Pedal Bins, Hand sanitizers readily available within the unit except at the front door due to two client's risk of ingesting chemicals. Care Plan and Risk Assessments in place for both Residents.</p> <p>One rusty bin (bathroom) replaced. Re-organisation of storage in laundry room completed. Cleaning of mop buckets and mop heads in place on night duty checklist. All staff know where body fluid spills are stored. Completed 4th January 2023</p> <p>Care Plan and Risk assessment have been completed for Resident. Supporting documents, C19 protocols and Risk Assessments have been updated. All staff have completed IPC training. All cleaning records have been enhanced and are now in place. Completed 6th January 23</p> <p>Vehicle Cleaning Checklist in place. All hand sanitizer, face mask, wipes and cleaning product stored in a container in the boot. Completed 04th January 23</p> <p>Torn sofa fabric, three soap dispensers and three hand towel dispensers along with the Provider engaging an external auditor to audit all units. Completed by 01st March 2023</p> <p>Damaged flooring, Walls painting (Office), Exposed pipes in bathroom and Rust on Radiator Completed by 01st 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.	Not Compliant	Orange	01/05/2023