



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

## Issued by the Chief Inspector

Name of designated centre:	Ros Mhuire
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	07 April 2022
Centre ID:	OSV-0001706
Fieldwork ID:	MON-0035800

## About the designated centre

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

Ros Mhuire is a designated centre operated by Sunbeam House Services CLG located in a small town in County Wicklow. It provides a community residential services to four people, male and female, with intellectual disabilities. The designated centre consists of two sitting rooms, kitchen, dining room, four individual bedrooms, staff bedroom, office and a number of shared bathrooms. There is a well maintained garden to the rear of the centre. The centre is staffed by a person in charge and social care workers. The person in charge works in a full time capacity and they are also responsible for a separate designated centre.

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

Number of residents on the date of inspection:	4
--	---

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 7 April 2022	09:45hrs to 17:45hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

This unannounced inspection was completed to assess the arrangements which the registered provider had put in place in relation to infection prevention and control and to monitor compliance with the associated regulation.

The designated centre was a detached bungalow which consisted of four individual resident bedrooms, kitchen, two sitting rooms, shared bathrooms, wet room, a laundry area and a staff office. The centre was staffed by a person in charge, a deputy client service manager, social care workers and care assistants. The person in charge was unavailable on the day of the inspection and the deputy service manager supported the inspection in their place.

On arrival at the front door of the centre, the inspector was met by a staff member who took their temperature, and requested a signature in the visitor's book and went through a number of key COVID-19 safety questions in advance of the inspector entering the house. There was a personal protective equipment (PPE) station located inside the front door of the house, which included masks, hand gel, pedal bin and safety notices to remind visitors of how to keep safe during their visit.

During the course of the inspection, the inspector met with all 4 residents and was afforded the opportunity to speak with all residents on a one to one basis regarding their views on infection prevention and control practices in their home and when they were out in the community. Conversations between the inspector and the residents took place, as much as possible, from a two metre distance, with the inspector wearing the appropriate personal protective equipment and in adherence with national guidance.

Residents told the inspector how happy and excited they were about returning to a number of community activities, including moving from on-line activities and to face to face activities. Residents talked to the inspector about their plans to go on short holiday breaks and plays for staying in hotels, traveling abroad to soccer matches and returning to group activities that had previously been put on hold due to COVID-19 restrictions.

Residents demonstrated clear understanding of the measures and restrictions in place to keep them safe during the current health pandemic. Residents talked about how they always complete hand hygiene on entering a shop or a venue and when they have chosen to wear their mask. Some residents were aware and up-to-date on the current health pandemic status, such as numbers of cases in Ireland and the different variants of the virus. All residents talked to the inspector about the vaccination process and how they had been informed and supported by their staff during the procedures.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through

positive, mindful and caring interactions. Where appropriate, staff members gently reminded residents of social distancing and when heading out on activity about bringing a mask. On the day of inspection, staff were observed to be regularly completing hand-hygiene and were wearing appropriate masks in accordance with current public health guidance.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in household meetings with their staff. Matters were discussed and decisions made. For example, matters relating to keeping safe during the current health pandemic, planning community activities in a safe way and general views and opinions regarding restrictions when they were in place.

During the walk-around of the centre, the inspector observed the house, for the most part to be clean and tidy. The layout and design of the house was in line with the residents' likes and wishes and had a warm and welcoming feel to it. However, there were some areas of the house observed to require upkeep and repair.

The cleaning system in place included a cleaning schedule and checklist. The schedule laid out the cleaning required in each room of the house and on which days. There was a detailed list of what required cleaning for each room and area of the house. However, improvements were needed to ensure that the systems in place were effective. There were a number of days where the cleaning check list had not been ticked as completed and there was no evidence to demonstrate that the tasks had been completed or followed-up on. In addition, some improvement was needed to ensure that cleaning schedules incorporated the cleaning of residents' equipment.

Overall, the inspector found that the registered provider was endeavouring to implement systems and arrangements to ensure that procedures consistent with the National Standards for infection prevention and control in community services (HIQA, 2018) were in place. However, some improvements were needed to ensure that the measures in place, to assess performance against infection prevention control standards and best practice, were effective at all times to ensure they protected residents against acquiring healthcare-associated infections.

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

## **Capacity and capability**

Overall, the inspector found that the provider was endeavouring to implement systems and arrangements to ensure that infection prevention and control procedures were consistent with the National standards.

The registered provider had implemented governance and management structures in an effort to minimise the risks to residents acquiring or transmitting preventable healthcare-associated infections. There was a COVID-19 committee established in the organisation to provide guidance and support. This committee consisted of the organisation's principal social worker, a number of senior service managers, the quality compliance manager and a human resource manager. The committee provided information and updates relating to COVID-19 matters, which was easily accessible to staff through the organisation's shared information technology system. In addition, the committee send requests to staff to review COVID-19 protocols and reminders to refresh COVID-19 training such as donning and doffing PPE and hand hygiene practices.

There was a risk assessment for the centre relating to COVID-19 risks to ensure there were adequate contingency plans in place during the current health pandemic. The registered provider had a COVID-19 contingency plan, which included guidance on infection prevention and control measures, the management of suspected or confirmed cases of COVID-19 among residents and staff, and contingency plans in relation to staffing and other essential services.

There was an infection control policy in place in the centre. There were also numerous guidance documents and information available to staff and residents in relation to COVID-19. Additionally, there was a suite of information and guidance available in the centre on COVID-19 from a variety of sources including Government, regulatory bodies, the Health Service Executive, and the Health Protection and Surveillance Centre (HPSC).

The provider had completed a health and safety audit which considered a number of infection prevention and control matters relating to the centre. The provider had also completed an unannounced six-monthly review of the quality and safety of care and support provided to residents in the designated centre which took into consideration matters related to the current health pandemic. However, the inspector found that overall, the measures in place to assess performance against infection prevention and control standards and best practice, required improvement to better ensure the effective monitoring and quality improvement of the centre's infection prevention and control practices in place. For example, the provider had not completed a specific infection prevention and control audit for the centre.

The provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak with the most recent review and update completed in March 2022 by the person in charge. However, improvements were needed to the frequency of the reviews to ensure its effectiveness. For example, there was a gap of five to seven months between the previous two reviews of the document.

On the day of the inspection, the inspector found that management structures were clearly defined and identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre.

There was a local auditing system carried out by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. There were monthly household audits taking place to monitor the cleanliness and upkeep and repair of the centre. However, improvements were needed to some of the monitoring systems in place to ensure that all cleaning systems were effective, and in particular, the centre's cleaning rosters, where a number of gaps were found.

There were systems in place for workforce planning, to ensure that there were suitable numbers of staff members employed and available with the right skills to meet the centre's infection prevention and control needs. Staff who spoke with the inspector advised that there was sufficient time available to complete cleaning tasks in line with the cleaning schedule.

The inspector reviewed a sample of the centre's temperature logs for the month of February and March 2022. There were procedures in place to record staff and residents' temperatures on a daily basis. There were also procedures for recording visitors' temperatures.

All staff were provided with on-line training for matters relating to COVID-19. Some of the training included modules on understanding the virus, infection control policies and protocols, cleaning and disinfecting, risk assessments, donning and doffing of PPE and hand hygiene.

A staff member was nominated as the COVID-19 lead representative in the centre. To support them in their role, they attended the organisation's COVID-19 refresher training specifically for senior and deputy managers and COVID-19 lead/representatives, with the most recent refresher completed in March 2022.

The inspector met with members of the staff team during the course of the inspection and spoke to them about infection prevention and control practices in the centre including the associated policies, protocols and guidance. Staff members were able to explain to inspector the signs and symptoms of COVID-19 and were aware of the procedures to follow, and who to contact, in the event of an outbreak. For the most part, it was evident that, staff were adhering to infection prevention and control practices in line with national guidance and best practice. However, some improvements were needed to ensure that all staff were knowledgeable on cleaning processes in the case of spills such as blood or bodily fluids and the effective and safe removal of PPE when supporting residents with healthcare-associated personal care.

Overall, the inspector found that a number of the practices in place within the organisation, (and designated centre), would be better enhanced if systems such as committees, audits, centre lead/representative, training and other processes extended beyond COVID-19. In addition, in relation to staff training, a review of the type and frequency of infection prevention and control training provided to staff was needed to enhance staff knowledge and to ensure safe and effective infection prevention and control and antimicrobial stewardship practices at all times.

## Quality and safety

The management and staff team were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Residents were provided with appropriate information and were involved in decisions about their care to prevent, control, and manage healthcare-associated infections. There were a number of recent improvements to the upkeep and repair of the premises since the last inspection which impacted positively on the overall infection prevention and control measures in place in the centre. However, some further improvements were needed to ensure residents received care in an environment that minimised the risk of acquiring a healthcare-associated infection at all times.

The inspector found that the services provided in this centre were person-centred and that residents were well informed, involved, and supported in the prevention and control of healthcare-associated infections. It was found that residents were supported to understand why infection prevention and control precautions were taken and had been facilitated with opportunities to ask questions about this matter. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats including posters promoting hand washing. There were regular meetings for residents where the agenda included infection prevention and control items such as reminders and updates on the current health pandemic. The inspector noted that efforts were made to ensure residents enjoyed meaningful activities and had opportunities for leisure and recreation while national restrictions were in place and when they were lifted.

All residents had an individual COVID-19 self-isolation plan in the event that they were required to isolate or restrict their movements. The plans were personalised and overall, provided clear guidance on the supports that residents would require and like, if they were to isolate. Residents were consulted and were part of the review of their plans with the support of their staff.

A walk-around of the centre demonstrated that while the premises was generally clean and tidy, not all areas of the premises were conducive to a safe and hygienic environment. There were cleaning schedules and checklists in place in the centre that provided clear guidance of what areas of the house required daily cleaning, deep cleaning and what needed cleaning within each area of the house. However, the inspector found that some of the cleaning arrangements in place needed improvement. In particular to the monitoring of the daily cleaning checklists to ensure they were completed in-line with the schedules in place. In addition, a number of areas of the house required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents.

The inspector observed, in some of the bathrooms, extractor fans required cleaning, rust on radiators, mould on a pole and shelving unit, some broken tiles and open bins where hand paper towels were disposed of. Some of the residents bedrooms

required upkeep and repair. The inspector observed in one resident's bedroom, chipped and peeling wall paper and a number of marks and stains on the wardrobe doors. The inspector was advised that there was a plan in place for two residents' bedrooms to be dry lined and when this was completed, the upkeep and repair to the walls and rest of the room could take place. This was due to be completed by June 2022 in line with the non-standard condition attached to the centre's registration. A section of the wall on the hallway required repair as there were chunks of plaster falling from the area under the radiator. Some of these areas presented an infection control risk as they could not be adequately cleaned due to their disrepair.

There were adequate laundry facilities in the centre. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry in the event of soiled laundry and in the event of an infectious disease outbreak. However, on the day of the inspection, the inspector observed used mopheads, tea towel and hand towel to be stored in the same laundry basket.

The floors of the house were cleaned and mopped on a daily basis. There was a separate mop and bucket used for the bathrooms in the house and overall there was adequate storage space for the mops and buckets. However, the inspector was informed that the mop used to wash the kitchen floor was also used to mop other rooms such as the hallway. This was not in line with best practice or national guidance and increased the risk of cross-contamination and transmitting a healthcare-associated infection within the house. Overall, the mopping system in place in the centre required review.

Where a resident used specific equipment to support their hearing, there was clear and up-to-date guidance in the resident care plan. The guidance included instructions to support staff clean the equipment on a daily basis to ensure that it was maintained in line with the manufacturer guidance. However, while there was a notice in the staff office to remind staff to clean the equipment, improvements were needed so that there were better systems in place to ensure appropriate oversight and monitoring of this daily task.

There was sufficient information in the centre to encourage and support good hand hygiene. Staff were observed to be regularly cleaning their hands and were wearing masks in accordance with current public health guidance. Staff members and visitors were required to sign in and complete safety COVID-19 related checks. There was a bottle of hand gel on entering the centre including numerous sinks in the house for residents, staff and visitors to wash their hands. However, to support easy access to hand hygiene when moving from room to room, additional hand-hygiene facilities such as hand-gel, was needed. For example, when the inspector was completing the walk-around of the centre they observed that there was no hand gel in the kitchen, dining room, either sitting room including none at one of the exits/entrances to the house.

There was ample PPE in place in the centre and overall, there was adequate guidance in place for effective use and disposal of the equipment. However, a review of staff practice when donning and doffing of PPE, during the administration of medical ointments and creams to residents, was needed. Furthermore, and where

appropriate, the inclusion of clear guidance in residents' personal plans, in relation to the safe disposal of PPE, during and after such practices, was needed.

Overall, the provider had effective contingency measures in place to follow if an outbreak occurred, the provider had plans in place to control an outbreak and limit the spread of infection, while continuing to provide care and support for residents living in the designated centre in line with their documented plans and in a person-centred manner. There was a clear outbreak plan specific to COVID-19 which was regularly reviewed.

The plan contained specific information about the roles and responsibilities of the various staff within the organisation and centre and also included escalation procedures and protocols to guide staff in the event of an outbreak in the centre. Guidance contained within the plan also included information on self-isolating procedures, environmental cleaning and laundry measures.

The outbreak plan identified precautions to be considered such as visitors, home visits, set up of residents' bedrooms, sanitiser stations, housekeeping, PPE, return to work protocols and waste management, but to mention a few. There was a staffing contingency plan in place, should an outbreak occur, which was regularly updated and based on learning.

## Regulation 27: Protection against infection

Overall, the provider and person in charge had generally met the requirement of Regulation 27 and the National Standards for Infection prevention and control in community services (2021) however, some actions were required to be fully compliant.

A number of the practices in place within the organisation, (and designated centre), would be better enhanced if systems such as committees, audits, centre lead/representative, training and other processes extended beyond COVID-19.

The measures in place to assess performance against infection prevention and control standards and best practice, required improvement to better ensure the effective monitoring and quality improvement of the centre's infection prevention and control practices in place. For example, the provider had not completed a specific infection prevention and control audit for the centre.

Improvements were needed to the frequency of the review of the centre's HIQA preparedness and contingency planning self-assessment for designated centres for adults and children with a disability, to ensure its effectiveness. For example, there was a gap of five to seven months between the previous two reviews of the document.

Some improvements were needed to ensure that all staff were knowledgeable on cleaning processes in the case of spills such as blood or bodily fluids and the

effective and safe removal of PPE when supporting residents with healthcare-associated personal care.

Some of the cleaning arrangements in place needed improvement. For example, the monitoring of the daily cleaning checklists to ensure they were completed in line with the schedules in place.

A number of areas of the house required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents. For example, some of the bathroom extractor fans required cleaning, rust on some radiators, broken tiles, mould on a pole and shelving unit and a number of bins with no lids where paper towels were disposed of. A section of the wall on the hallway required repair as there was chunks of plaster coming loose from the area under the radiator.

Improvements were needed to the practice in place for washing floors in the centre and the mopping equipment provided in the centre.

Improvements were needed so that there was better systems in place to ensure appropriate oversight and monitoring of the cleaning of all residents' equipment.

A review of staff practice, when donning and doffing of PPE during the administration of medical ointments and creams to residents, was required. Where appropriate, the inclusion of clear guidance in residents personal plans, in relation to the safe disposal of PPE during and after such practices, was needed.

Additional hand-hygiene facilities such as hand-gel, was needed through-out the house.

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 Ros Mhuire OSV-0001706

Inspection ID: MON-0035800

Date of inspection: 07/04/2022

## 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: Regulation 27: Protection against infection Substantially Compliant</p> <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Provider is exploring the enhancement of audits/training- by training staff as Infection Prevention Control Practitioners. 31/07/2022</p> <p>The PIC will ensure to schedule in the HIQA preparedness and contingency planning self-assessment is carried out within the 12 weeks timeframe. 30/05/2022</p> <p>The process cleaning of spills such as blood or bodily fluids has been discussed with the staff team. 21/04/2022 This is further communication by email to staff on 22/04/2022.</p> <p>The safe removal of PPE while supporting a client with eye drops will be added to their support plan. 30/05/2022</p> <p>The PIC will ensure there is a monitoring process in place to ensure cleaning arrangements in place have been completed and signed. 30/05/2022</p> <p>The bathroom extractor fan is now on the cleaning checklist. Completed 05/05/2022</p> <p>The Maintenance team will arrange to repaint the radiator 31/07/2022</p> <p>The Maintenance team will address broken tiles 31/07/2022</p>	

The shelf and the pole have been removed completed 04/05/2022

New bins with lids have been ordered 30/05/2022

The Maintenance team will arrange to address the section of the wall. 31/07/2022.  
New mop and bucket have been ordered 30/05/2022

The cleaning of clients equipment will be added to the daily cleaning checklist  
30/05/2022

Additional hand gels have been to other rooms in the centre. Completed 05/05/2022

## 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	31/07/2022