



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

Issued by the Chief Inspector

Name of designated centre:	Cavan Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	18 October 2022
Centre ID:	OSV-0002676
Fieldwork ID:	MON-0035941

About the designated centre

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

Cavan Supported Accommodation provides a community-based residential service for up to seven adults with mild to moderate intellectual disabilities. The centre is located in a busy town in Co Cavan. Residents have access to amenities such as shops, cafes and restaurants. Cavan Accommodation comprises three self-contained apartments. Apartment one has three bedrooms, two bathrooms, a shared kitchen and living area and a staffroom. Apartment two and three both have two bedrooms, each with a shared bathroom, kitchen and living room area. Residents attend local day services Monday to Friday. If a resident is unwell or chooses not to attend day service they can independently stay in their apartments and arrangements are made based on risk assessments for support. During the week there are extra staff supports provided in the evenings and hours may vary depending on activities planned. Residents are supported on a 24-hour basis at weekends by a team of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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 18 October 2022	10:20hrs to 17:30hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with National Standards for Infection Prevention and Control in Community Services (2018) and the associated regulation (Regulation 27: Protection against infection). This inspection was unannounced.

Overall, the inspector observed there were some good IPC practices and arrangements in place at an organisational and local centre level. However, some improvements were required in relation to the organisational policy and supporting documents, cleaning, residents' personal plans, monitoring for symptoms of illness, waste management, and laundering arrangements. These identified issues will be discussed further in the report.

The centre was made up of three apartments in close proximity to each other. The inspector met and spoke with the person in charge and two staff members who were on duty throughout the course of the inspection. The inspector had the opportunity to meet with five out of seven residents that lived in the centre. Two residents were attending day services and were not home at the time of the inspection.

On arrival to the first apartment, the inspector observed the infection prevention and control measures necessary on entering the designated centre. There was a dedicated IPC station in the hallway. The process included completing a visitor sign in book, hand hygiene in the form of hand sanitiser, and clean face masks available for use.

The inspector observed the person in charge and staff members on duty to appropriately use personal protective equipment (PPE), in line with national guidance throughout the course of the inspection.

The inspector completed a walk-around of the premises. Each resident had their own bedroom with adequate storage facilities and each apartment had shared bathroom facilities. While the apartments appeared to be visibly clean and well-maintained in most areas, some issues with premises were identified during the walk-around and some areas required a more thorough clean. These areas will be discussed further in the course of this report.

Staff members employed in each house were responsible for the cleaning and upkeep of the premises. This included, cleaning on a day-to-day basis and with regard to the enhanced cleaning tasks that were implemented at the start of the COVID-19 pandemic. Residents also participated in some of the routine cleaning of their home.

The inspector found that there were arrangements in place for hand hygiene to be

carried out effectively, such as disposable hand towels. Residents communicated with were able to demonstrate to the inspector the importance of hand hygiene.

At the time of this inspection, there had been no recent admissions or discharges to the centre. The person in charge confirmed that there were no restrictions in place on visiting the centre. Residents were supported to have timely access to allied healthcare professionals, as required.

Residents were supported during the COVID-19 pandemic, to undertake safe leisure and recreational activities of interest to them, such as knitting and playing bingo. One resident had taken up knitting scarves. In addition, day services were facilitated in each of the apartments. During the last outbreak of COVID-19 in the centre, residents were provided with activity packs to keep them entertained during their isolation. For example, they included word searches and magazines. Since government restrictions were lifted, residents had been supported to re-engage in other activities of interest to them. For example, going to concerts and planning a hotel break.

Residents' rights were seen to be promoted with a range of easy-to-read documents, posters and information supplied to them in a suitable format regarding COVID-19 and IPC information, such as hand washing techniques and vaccinations. Residents were supported to receive the COVID-19 vaccines. Residents were supported by staff to undertake guided meditations and breathing exercises in order to support them to manage any stress or anxieties they may have been feeling with regard to the pandemic. Resident views had been sought on how they felt about the last outbreak of COVID-19 in the centre. This was to gauge from them what worked well and what didn't from their perspective. In addition, there were regular resident meetings with discussions that included IPC and the COVID-19 pandemic.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

The inspector found the governance and management arrangements were for the most part effective in assessing, monitoring and responding to infection control risks. Some improvement was required to the organisational policy and some of the standard operating procedures (SOPs) to ensure staff were adequately guided.

There were a range of policies and SOPs in place at an organisational level to guide staff on best practice in relation to IPC. There were 16 in total, covering topics, such as safe handling of laundry, hand hygiene, and environmental hygiene. However, the policy required review as it was unclear as to what staff training that was

deemed mandatory by the provider and to ensure frequency of the training was listed. In addition, the policy was vague on when an IPC audit would be conducted, by whom and the frequency of those audits to be completed.

Furthermore, some supporting SOPs required review to ensure transmission based precautions were adequately explained in order to appropriately guide staff. For example, the three different types of transmissions based precautions were just listed and not elaborated on. While guidance was provided to staff on steps to take with transmission based precautions, appropriate PPE usage was not adequately explained for airborne or droplet precautions. In addition, vague and potentially misleading information was provided with regard to mask usage for those two types of precautions. For example, the policy described that "Masks should be worn, if advised, for droplet/air-borne infections". Furthermore, the SOP for waste management did not adequately guide staff as to how to dispose of clinical waste and instead signposted staff to click on a link or look up information elsewhere in order to guide their practice. The guidance should be reviewed to ensure staff are adequately guided to assure the provider of compliance in-line with best practice of waste management.

The organisation had recently employed a trained IPC specialist to oversee practices in the area. The person in charge was the IPC lead for the centre and had received additional training in order to have sufficient knowledge to lead the staff team in this area. They had completed a self-assessment tool against the centre's current infection prevention and control practices. In addition, the team leader for the centre was assigned as the IPC officer and they too had received additional training for the role.

Reporting structures were the normal chain of management for escalation of IPC risks for the centre. The person in charge explained that risks would be reported to the integrated services manager and then the regional operating officer.

The provider had arrangements for an annual review and six-monthly provider-led visits. The findings of the annual review and two most recent provider-led visit reports were reviewed by the inspector. The most recent had occurred in June 2022 and they included some review of infection prevention and control within the centre.

The person in charge had arrangements in place to oversee IPC in the centre, such as weekly local checks. Other centres within the organisation had IPC only audits undertaken by a person external to the centre. However, at the time of this inspection the centre had not received this audit by an appropriately trained person to ensure any potential risks were picked up in a timely manner. In the absence of this audit the person in charge had taken it upon themselves to complete the audit in June 2022 using the same audit template.

The provider had ensured that there were adequate consistent staffing in place at all times in the centre to meet the assessed needs of the residents. Additionally, there was a staffing contingency plan available in case required. There were sufficient staff employed in the centre to ensure the centre could be cleaned and maintained on a daily basis. Residents were also supported to clean their own apartments.

The centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease and this was updated in light of the last outbreak of COVID-19 in the centre.

There were monthly team meetings occurring and meetings included discussion regarding COVID-19 and IPC. Staff members on duty communicated to the inspector the procedures to follow in the event of an outbreak of an infectious illness in the centre and how to clean a bodily fluid spillage.

Staff had received training to support them in their role, such as donning and doffing PPE, hand hygiene, the management of spills and bodily fluids, and standard and transmission based precautions. It was evident that this training had contributed to an understanding of COVID-19 and transmission. The person in charge and the team leader for the centre had recently completed an IPC link practitioner course and they were going to be responsible for completing and recording hand hygiene observations and competencies with the staff team.

Quality and safety

Residents were supported to live person-centred lives whereby their rights and choices were respected and promoted. Residents were kept informed, involved and supported in the prevention and control of healthcare associated infections. However, improvements were required to the centre's waste and laundry management during outbreaks of infectious illnesses, some improvements were required with regard to cleaning and minor improvements were required with regard to resident plans.

There were personal plans in place for residents as required and each resident had a hospital passport in order to support them if they were required to attend hospital. However, the hospital passports required review in order for them to include information in relation to IPC supports the resident may require or that would benefit the hospital staff to be aware of. For example, if residents could perform hand hygiene independently and without reminders.

There were systems in place to promote and facilitate hand hygiene, such as there was warm water for hand washing, disposable towels available for use and sanitising gel available in several locations throughout the centre.

The provider had sufficient stocks of PPE and staff members were observed to wear it in line with current public health guidance. In addition, there was a monthly PPE stock control count completed.

There was no evidence of a system in place that staff were routinely self-monitoring and recording for symptoms for themselves and residents which may help to identify

early symptoms of infectious illnesses. For example, there were no procedures in place for staff to confirm to their line manager that they did not have any symptoms of respiratory illness at the start of each of their shifts as per public health guidance.

Laundry was completed on-site using a domestic washing machine. While staff spoken with were aware of how to complete the laundering of soiled clothing, if required, the centre did not use or have access to water-soluble laundry bags for the laundering of contaminated garments on site if required as per the organisational guidance. The centre had separate laundry baskets for clean and dirty clothing for each resident, however, the laundry baskets were required to be added to the centre's cleaning duties.

The inspector completed a walk-through of the centre. It was found to be generally clean and tidy with clear recording of cleaning conducted. The majority of the maintenance issues identified on this inspection were already self-identified by the person in charge on their own IPC audit and the landlord for the property was notified, however, at the time of this inspection there was no arranged date for repairs. Areas included, chipped kitchen presses and a rusty radiator in a bathroom.

The inspector observed that some areas of the apartments were not fully conducive to cleaning. For example, there were missing tops to an area of two toilet lids and one tap of a bath which would prevent thorough cleaning of those areas.

There were arrangements in place to manage general waste. For example, there were foot-pedal-operated bins available in each room, as required. The person in charge spoke of the arrangements in place with regard to waste management and removal of clinical waste, if required. However, while a rationale was provided as to why that method was undertaken in the centre it was not in line with current public health guidance.

There was a colour-coded system in place for cleaning the centre to minimise cross contamination and guidance was prominently displayed for staff. Improvements were required to the cleanliness of the buckets used to clean the centre as one was found to be unclean and others were found to have some residue on them.

There were centre specific and individual IPC risk assessments in place to help identify and control the risk of getting a healthcare associated infection within the centre and they were regularly reviewed.

Learning from outbreaks from other centres and information on IPC, was shared at the person in charge monthly management meetings. The person in charge had completed an analysis of learning after the last positive cases of COVID-19 in the centre. This learning was shared and discussed with residents and the staff team.

Regulation 27: Protection against infection

The provider had met many of the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in Community Services (2018), however, some actions were required by the provider to order to ensure full compliance.

Areas requiring improvement in order to comply with the standards included:

- A review was required to the organisational policy to ensure it was clear with regard to what staff training was mandatory and frequency of the training was listed or that it signposted as to the location of this information. In addition, what frequency the IPC audits to be completed were and by whom.
- a review was required to some of the organisational standard operating procedures that supported the IPC policy to ensure transmission based precautions and waste management were adequately explained in order to appropriately guide staff.
- review was required in the centre's adherence to best practice in relation to waste and laundry management in the cases where there is an infectious illness present.
- improvements were required to ensure all surfaces were clean and conducive to cleaning, such as the buckets for cleaning the centre and some kitchen presses were chipped.
- some areas, such as laundry baskets, extractor fans and a particular piece of a resident's equipment used to support them were required to be included on the cleaning checklist to ensure they were periodically cleaned.
- a review of residents' hospital passports were required to ensure that hospital staff would be adequately guided in relation to matters of IPC for residents.
- the provider to ensure that there is a system in place to monitor staff and residents for signs and symptoms of respiratory illness or changes in their baseline condition as advised by public health guidance.

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 Cavan Supported Accommodation OSV-0002676

Inspection ID: MON-0035941

Date of inspection: 18/10/2022

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"> • Waste and Laundry management protocol in the case of a suspects or confirmed infectious illness has been reviewed and service contingency plan has been updated to reflect latest guidance, confirmed that based on current guidance contaminated waste no longer needs to be kept for 72 hours before disposing, the use of alignate bags has been added to the protocol to transport contaminated laundry. • Approval has been secured from the Housing Association to proceed with repairs to kitchen presses and bathroom radiators, in order to ensure they are conducive to cleaning. The maintenance contractor has been informed and works will be scheduled to be completed by 30/01/2023. • Additional cleaning tasks such as extractor fans, service user’s equipment, laundry baskets and buckets have been added to the cleaning schedule to ensure they are periodically cleaned. • Service users hospital passports have been updated to include a section on IPC, for example if the service user will wear a face masks, any supports required around hand hygiene or social distancing, etc. • A section relating to bi-daily symptom checks for service users has been added to daily notes, this will allow for the recording of symptom checks twice daily by staff. • Table clearly outlining specific IPC training required to be undertaken to staff has been added to the provider’s new IPC policy. • A further review of the organisational standard operating procedures that support the IPC policy to ensure transmission based precautions and waste management were 	

adequately explained in order to appropriately guide staff has been completed.

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	31/01/2023