



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

## Issued by the Chief Inspector

Name of designated centre:	Mullingar Respite
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	23 May 2023
Centre ID:	OSV-0006455
Fieldwork ID:	MON-0038906

## About the designated centre

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

Mullingar Respite is a community respite house located on the outskirts of a busy town in Co Westmeath. The centre is a bungalow and has access to amenities, such as supermarkets, restaurants, and cafes. Services are provided from the designated centre to both male and female adults (over 18 years old) and male and female children (5-18 years old). Respite breaks are offered on a sequence of two weeks adults respite and one week's children's respite. (Children & adults are not facilitated to attend services together). The maximum occupancy for overnight support in the house is for 4 individuals. The building design is currently suitable for individuals with high support needs. There are four bedrooms in total and with one being en-suite and a large entrance hall with spacious corridors. A main bathroom is also provided with suitable fixtures and fittings to meet the assessed needs of the residents. There is an open plan kitchen and dining facility, utility room, bathroom facility and a suitably decorated sitting room. To the rear of the house is a garden with a patio area and there is also garden area to the front of the property. The centre is accessible and adapted to meet the assessed needs of all residents. It is managed by a person in charge and is staffed on a 24/7 basis by a team of both nursing and social care staff.

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

Number of residents on the date of inspection:	4
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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 23 May 2023	10:00hrs to 17:30hrs	Karena Butler	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 National Standards for Infection Prevention and Control in Community Services (2018) (the national standards) and the associated regulation (Regulation 27: Protection against infection).

The inspector observed there were some good IPC practices and arrangements in place at an organisational and local centre level. However, a number of improvements were required in relation to oversight of IPC, staff training, cleaning, risk assessments, symptom observations, and the storage of equipment used for cleaning. These identified issues will be discussed further in the report.

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 all four residents attending the centre for a respite break. On the day of the inspection, three residents attended their external day service programme and one resident attended school. Upon return to the centre the residents were observed to relax and have their dinner. The plan for the evening had yet to be decided.

On arrival at the centre, the inspector observed the IPC practices that were in place. For example, visitors were to sign a visitors' book and hand sanitising equipment was located in the hallway.

The inspector observed the centre staff were no longer using face masks throughout the course of their daily shifts since public health guidance was updated. The staff member on duty that welcomed the inspector confirmed that there was no infectious illness outbreak within the centre. In addition, they confirmed that the current residents on their respite break were not medically vulnerable as to require the use of a face mask.

The inspector completed a walk-through of the premises. The centre had a wrap around garden which contained a seating area and some playground equipment. Each resident had their own bedroom for their respite stay, which had sufficient storage facilities for their belongings. Three bedrooms shared the main bathroom facility and one bedroom had its own en-suite facility. There were suitable arrangements in place to support hand hygiene, such as disposable hand towels. The centre was clean and tidy in most areas, however, the inspector observed some areas that required a deeper clean.

At the time of this inspection, there had been no recent admissions to the centre and one respite user had recently moved to a full-time residential placement. The person in charge and team leader confirmed that there were no restrictions in place

for visiting the centre.

Residents were supported during the COVID-19 pandemic to undertake safe recreational activities, for example, baking, going for drives and going to local parks. Since government restrictions were lifted, residents had been supported to participate in activities of interest to them in the community. For example, residents were now going out for lunches and out shopping.

There had been two recent complaints regarding storage of residents' personal belongings. The person in charge was dealing with the complaints and taking actions to solve the complaints to the satisfaction of the complainants. There were no IPC related complaints. The centre had received a number of compliments from family members thanking them for their support and another commented how homely the house looked.

Residents' were kept informed of information that affected them and this in turn promoted their rights. For example, there was some easy-to-read posters and information regarding COVID-19 and IPC information. Staff members completed weekly meetings with residents and all meetings included information on IPC. For example, some minutes of meetings demonstrated that residents were informed in January 2023 when staff were going back to using FFP2 masks due to the increase in community transmission of COVID-19 at the time. Again staff informed residents when mask wearing was no longer going to be worn by staff within the centre in April 2023.

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

In general, the inspector found that the provider was demonstrating that they had the capacity and capability to provide care and support in a manner that reduced the risk of healthcare associated infections. However, some deficits were noted in relation to the provider ensuring that they had suitable oversight arrangements which supported good infection prevention and control practices. In addition, improvements were required with regard to staff training and risk assessments.

The provider had an overarching IPC policy and associated policies and procedures in place to guide staff.

The provider had arrangements for an annual review and six-monthly provider-led visits in order to monitor compliance levels in the centre. The findings of the annual review and the most recent provider-led visit report were reviewed by the inspector with the most recent provider-led visit occurring in October 2022. However, only one of two required provider-led visits occurred in 2022 and the first visit of 2023 was

overdue. In addition, the only visit in 2022 did not review IPC and the provider had not conducted an external IPC audit of the centre as per the provider's own guidance.

The person in charge was the appointed IPC lead in the centre. There was a nominated staff member identified in the centre with overall IPC responsibilities. The nominated staff completed monthly audits in this area and had completed some hand hygiene observations with some staff. However, at the time of this inspection staff members were yet to receive hand hygiene competency assessments by an appropriately trained person.

The area director had completed a self-assessment tool against the centre's current IPC practices, however, it was not evident if this was reviewed every three months as required. For example, the only one observed was a review from January 2023.

The centre had an outbreak management plan and associated isolation plans in place, which outlined the steps to be taken in the event of a suspected or confirmed outbreak of a notifiable illness. Two staff members spoken with outlined the procedures to follow in the event of an outbreak of an infectious illness in the centre.

In addition to the outbreak management plan, there were a number of risk assessments conducted with regard to IPC and control measures listed. However, risk assessments required review as they contained non applicable information. For example, referring to the recording of staff temperatures and the wearing of FFP2 masks. Furthermore, all assessments were outside of the review period as prescribed by the provider.

There were monthly team meetings occurring and meetings had IPC as a standing agenda item. The centre had an adequate number of staff in place to meet the assessed needs of the residents. Staffing levels increased or the centre capacity was reduced depending on what residents were attending on a respite break. In addition, the provider had ensured there was a staffing contingency plan available if required. Staff in the centre had additional responsibility regarding housekeeping and environmental hygiene and there were sufficient staff employed in the centre to ensure the centre could be cleaned and maintained on a daily basis.

The provider had ensured that the staff team had access to various IPC training to facilitate them in their role in preventing a healthcare related infectious illness within the centre. For example, staff had completed training on the basics of IPC, outbreak prevention and management, and donning and doffing personal protective equipment (PPE). However, two staff members required training in standard and transmission based precautions, five staff were due to complete respiratory hygiene and cough etiquette, and one staff member required hand hygiene refresher training.

## Quality and safety

The inspector found that, the service provided in this centre was person-centred and the residents were kept informed and supported in the prevention and control of health-care associated infections. However, improvement was required with regard to some residents' care plans, symptom observations, storage of cleaning equipment, PPE stock control, and cleaning.

Each resident had a hospital passport document in the case they needed to attend the hospital in order to communicate their needs. Staff members spoken with were familiar regarding residents' assessed needs. However, one resident's care plan for percutaneous endoscopic gastrostomy (PEG) was not updated in light of changes and there was no information currently in place to advise staff of how to care for the PEG site.

Due to this service being a respite service and not residents' primary living situation, families supported them to have access to allied healthcare professionals as required. There was a nurse available in the service if required and residents were supported to go home if they were unwell or attend an out of hours general practitioner (G.P) service if needed.

There were systems in place to facilitate good hand hygiene, for example, disposable towels, warm water and soap for hand washing were available in the centre. In addition, hand sanitising gel was available in several locations throughout the centre and were all found to be working.

The provider had sufficient stocks of PPE and there were some PPE stock control checks completed by a staff member. However, stock control checks were not being completed as frequently or consistently as per the monthly schedule.

The inspector was informed that there was no system in place where staff were monitoring and recording symptoms for themselves or residents which may help to identify early symptoms of infectious illnesses.

The person in charge and a staff member spoken with were aware of the waste management practices in place in the centre. For example, to use clinical waste bags and where to store them in the case of a confirmed infectious illness. The centre had a designated utility room where staff completed laundry using a domestic washing machine. Each resident had their own wipe clean laundry basket. Staff communicated to the inspector that they were aware of how to launder contaminated items. For example, what temperatures were required and to use water-soluble laundry bags for the laundering of contaminated garments if required.

The inspector completed a walk around of the centre. It was found to be generally clean and tidy, however, some areas required a more thorough clean. For example, the medication crushing device and medication cutting device were found to have some medication residue on them and some remains of a chocolate muffin were observed on the sitting room ceiling. A staff member confirmed that it had been there for several days. In addition, some kitchen appliances required further cleaning as food residue was observed on them, for example, the airfryer and the



microwave. In addition, some areas required repair or replacement in order to ensure they were conducive for cleaning, for example, some kitchen presses and shelving. Additionally, some areas were observed to have streaks on them, for example, a television.

There was a colour-coded system in place for cleaning the centre to minimise cross contamination and guidance was prominently displayed for staff. For example, colour-coded cloths and mop heads were used to clean specific areas. Staff spoken with were familiar as to each colour to be used for each area. However, the inspector observed that one of the cleaning buckets had some water pooling in the bottom, one mop handle was stored resting in one bucket and some of the buckets required a clean as some residue was observed.

Learning from outbreaks from other centres and information on IPC was shared at IPC management meetings and this information was filtered down to centre managers for additional learning opportunities. This centre had no outbreaks of COVID-19 up to and including the day of the inspection.

## Regulation 27: Protection against infection

While there were some arrangements in place to manage infection control risks and some good practices identified, improvement was required in a number of key areas to ensure that the IPC oversight, procedures and arrangements were in line with the regulations and standards.

Areas requiring improvement included:

The centre had not received its required second six monthly provider led unannounced visit for 2022 and it was overdue receiving the next due six monthly visit. Therefore, there was no review of IPC matters with regard to those provider lead visits. The only six monthly visit completed in 2022 did not review any aspect of IPC. In addition, The centre had not received an external IPC only audit to date and this was not in line with the provider's guidance. Additionally, it was not evident if the IPC self-assessment document was reviewed as required every three months. Furthermore, the PPE stock control count was not consistently occurring.

Staff required additional training. For example:

- all staff had yet to receive hand hygiene competency assessments by an appropriately trained person
- five staff were due respiratory hygiene and cough etiquette
- two staff were due transmission-based precautions (contact, droplet and airborne), including the appropriate use of personal protective equipment (PPE) for each situation
- one staff was due aseptic techniques training
- one staff was due refresher training in hand hygiene.

One resident's care plan for their PEG required updating in light of changes and formal guidance was required for staff with regard to care of the PEG site.

The storage of buckets required review to ensure no water was left in the bucket to prevent the water becoming stagnant which could potentially breed bacteria and ensure no mop handles were stored within the buckets.

Improvements were required to ensure all surfaces and items were clean, for example, medication cutters, medication crushers, an exercise gym ball, buckets for cleaning the centre, some kitchen appliances and the sitting room ceiling. Some surfaces had streaks or residue on them, such as a bedroom window, a television and a shower trolley. In addition, some areas required repair or replacement to ensure all areas were able to be effectively cleaned, for example, some presses and shelves in the kitchen and some slight limescale build up on the en-suite shower head.

Risk assessments required review as they were all outside of their review period and also to ensure all control measures listed were still applicable, for example, with regard mask wearing.

Furthermore, there was no system in place to monitor staff or residents for signs and symptoms of respiratory illness or changes in their baseline condition.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Mullingar Respite OSV-0006455

Inspection ID: MON-0038906

Date of inspection: 23/05/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• The Person in Charge will ensure that the PPE stock control is being completed on a monthly basis and reviewed by the Person in Charge.</li> <li>• The 6 monthly Infection, Prevention and Control audit is completed by an external auditor. Since the inspection, the IPC audit has been completed on the 15/06/2023.</li> <li>• The 6 monthly audit process has been reviewed and improved to lead improved organizational processes to ensure that the governance and quality assurance process is completed within the specified time-frames set out by the organization.</li> <li>• The Person in Charge will ensure that the IPC self-assessment tool is completed within timeframes.</li> <li>• The Person in Charge will continue to ensure that staff complete all relevant Infection, Prevention and Control training, as part of continuous professional development. Since the inspection, staff have completed training to include the following: AMRIC Respiratory hygiene and cough etiquette, AMRIC standard and transmission-based precautions, AMRIC PPE, AMRIC Aseptic techniques and AMRIC hand hygiene refresher.</li> <li>• A complete and comprehensive review of the cleaning schedule has been carried out and items mentioned in the report have been added to the schedule. The shower head has been descaled and has been added to the cleaning schedule.</li> <li>• A local protocol has been developed for the storage of mop buckets and will be discussed at the team meeting on the 10/07/2023.</li> <li>• To ensure a good state of repair is achieved in the Centre, the Person in Charge has contacted the General Operations Manager, to schedule maintenance works. This will be completed by 30/07/2023.</li> <li>• A review of environmental risk assessments identified within the Centre will be reviewed and updated accordingly and appropriate control measures in place. 30/07/2023</li> <li>• The Person in Charge will ensure the review of personal healthcare plans to include the following: A review meeting will take place to review and develop individual personal</li> </ul>	

healthcare plans to ensure that all individuals healthcare needs are clearly outlined in their personal plans and appropriate supports are detailed and available in individual's healthcare plans.

- The organisations IPC lead will provide education, guidance and tools to all managers in the organization, to enable managers to complete hand hygiene competencies within their service. 30/09/2023
- Staff complete daily observations on individuals they are supporting, if there was any concern relating to the health and well-being of the individuals then this would be recorded on their daily notes and they are supported to seek medical advice. A risk assessment will be devised to include current control measures in place- staff are familiar with the sick leave policy, staff to contact the Person in Charge/ Oncall in the event they are experiencing any symptoms of respiratory illness.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	20/10/2023