



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

Issued by the Chief Inspector

Name of designated centre:	Radharc Cnoc
Name of provider:	Health Service Executive
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	24 February 2022
Centre ID:	OSV-0007770
Fieldwork ID:	MON-0035850

About the designated centre

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

The centre provides residential services to five adults with an intellectual disability, and is located in a rural town, close to a range of local amenities. The centre is a single storey building, comprising five bedrooms, a sitting room, kitchen and dining room, a sunroom and bathroom facilities. There is a large garden to the rear of the property and a vehicle has been provided for residents' use. Nursing support is provided during the day, along with support from care assistants, and at night time support is provided by care staff, with on call nursing support available from a nearby centre if required. Residents can access a general practitioner in the community and support from allied health care professionals can be accessed by referral from the Health Service Executive.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 24 February 2022	10:30hrs to 16:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). During the course of the inspection the inspector met and spoke with residents and staff and had an opportunity to observe the everyday lives of residents in the centre.

This centre was homely and nicely decorated, with personal effects throughout, and it was evident that all efforts had been made to ensure a safe and person centred environment for the residents who lived there, together with adhering to public health guidelines to ensure that residents were protected in relation to the current public health risk.

On arrival at the centre the inspector observed that infection control practices were in place. There were signs on the door relating to current public health guidance, hand hygiene facilities and personal protective equipment were immediately available and visitors were required to complete a questionnaire, relating to their COVID-19 status, including temperature, and the expected practices were outlined in a visitors' protocol.

The inspector conducted a 'walk around' of the centre. The centre was visibly clean, hand hygiene stations were readily available, and staff were seen to be adhering to the current public health guidelines. Any equipment in place in order to meet the needs of residents was clean and well maintained.

Three were three residents present during the inspection, however residents did not communicate verbally. Therefore the inspector observed residents going about their daily lives and their interactions with staff, spoke to staff and reviewed documentation.

Residents were engaged in various activities throughout the day, including outings, preparation of snacks and attendance at groups of which they were members. Infection prevention and control practices were observed throughout. It was also evident that all efforts had been made to ensure that residents had access to various activities throughout the recent restrictions, and that more opportunities were now being offered and supported with the lifting of restrictions.

Information had been provided to residents throughout the public health crisis, both through their residents' forum meetings and through the development of easy read information. This took the form of pictorial social stories for residents, including issues such as cleaning, being ill and vaccinations. While it was difficult to ascertain the level of understanding that residents achieved via these means, it was clear that all efforts had been made to pass on the relevant information.

Additionally, various strategies had been put in place to support residents, including

visits by external personnel to the house to conduct PCR testing when required, in order to alleviate any anxiety for residents.

Staff in this centre were responsible for ensuring that both the routine and enhanced cleaning tasks required due to the public health crisis were being completed. Staff discussed the arrangements in place for the cleaning of the centre, including additional daily cleaning tasks and support for residents in maintaining clean personal living environments. They also outlined the different strategies that had been put in place to support individual residents, including any anxiety or lack of understanding, and ways of ensuring a meaningful life for residents during restrictions.

Overall inspectors found that residents were being kept safe from the risk of an outbreak of infection by the arrangements that had been put in place for infection prevention and control. While the centre was generally clean, Inspectors did note some minor areas which required attention by the provider to ensure that the environment and facilities were maintained in optimum condition, this is discussed later in this report.

However, the provider and staff had ensured throughout the pandemic that residents were kept safe and were not subjected to unnecessarily restrictive arrangements which might prevent them from leading active lives and personal freedoms in the centre above and beyond public health guidelines in place at various times during the pandemic.

Capacity and capability

There was an established management structure in place which identified the lines of accountability. There was a clearly identified team with responsibility for managing the COVID-19 pandemic including an identified lead.

Various meetings were held at which IPC issues were discussed, including team meetings, management meetings, and a weekly specific 'COVID 19 teleconference meeting. The minutes of these meetings were recorded, and any identified actions were monitored to ensure implementation.

Policies and procedures had been either developed or revised in accordance with current best practice. These included policies and procedures relating to Personal Protective Equipment (PPE), hand hygiene, decontamination, laundry and waste disposal. Policies were discussed both with staff and with residents, and there was a 'policy of the week' discussed with residents at their weekly residents' forum.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of an infectious disease. Risk assessments in relation to the centre and to individual residents had been completed, and included control measures to mitigate the risks identified. Risk assessments covered such areas as a

shortfall in the provision of PPE, visits to the centre, the management of staffing and plans for isolation if required.

Following an outbreak amongst staff members, a post incident review in the form of a 'Chronology Template' had been developed. This document included a description of the events surrounding the outbreak, a narrative in relation to any difficulties encountered, and how they were overcome. There was an overall synopsis of the learning from the events, and various documents had been developed or updated to reflect this learning. This included personal plans and risk assessments, and also reviewed actions taken when residents had become restless due to restrictions imposed, and the actions taken to successfully alleviate this.

When there was a further outbreak amongst staff, the learning was put immediately into place, the contingency plan implemented, and various activities for residents introduced. There were no COVID 19 cases amongst residents during either of these outbreaks.

Staffing numbers were adequate to meet the needs of residents, including the requirement to ensure that residents were facilitated to have a meaningful day within public health guidelines. Staff had been in receipt of all mandatory training, including training relating to the current public health guidelines. Training records were reviewed by the inspector and were found to be current, including training in relation to the use of PPE, breaking the chain of infection and hand hygiene.

Staff supervisions were up to date, and regular staff meetings were undertaken. Staff meetings included infection control as a standing item for discussion. There were additional communication strategies in place to ensure that staff had access to any changing information immediately.

The inspector had a discussion with those members of staff on duty on the day of the inspection, and with the person in charge, and all staff members could describe the current guidelines, and told the inspector the additional supports that had been put in place in order to maximise the quality of life for residents.

Quality and safety

There was a detailed personal plan in place for each resident, and these were regularly reviewed and updated. Each personal plan included guidance as to the steps to be taken for each individual in the event of an outbreak of an infectious disease, or in the event of a resident being a suspected or confirmed case of COVID-19. Plans had been updated with relevant IPC guidance, and goals had been set with residents at various stages of the pandemic. For example, goals had been set for some residents to support them with steps necessary to avail of the vaccination programme. These goals had been archived as achieved, and different goals introduced, including skills teaching and leisure activities. Goals had been recently

updated to reflect the lifting of community restrictions.

Each resident had a 'hospital passport' which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about the individual needs of each resident.

Cleaning had been identified as a priority by the provider, and there were multiple examples as to how this had been implemented. Regular cleaning records were maintained, and the inspector reviewed records of deep cleaning which was taking place on a weekly basis. There was clear evidence that each resident's room was cleaned and sanitised regularly. All staff were observed to be adhering to public health guidelines.

An review of the service had been developed by the provider, and this included a review of the management of the public health crisis. There was also a system of audits in place, including a detailed infection control audit.

However, there were some areas which required attention, some of which had been identified during the provider's auditing, and some of which had not. While these improvements were required, they did not pose a risk to residents in terms of protection from an outbreak of an infectious disease. Overall the provider had ensured that the strategies and processes were in place to ensure the safety of resident, and to provide a good level of care and support.

Regulation 27: Protection against infection

Overall the provider had put in place systems and processes that were consistent with the national guidance and standards and has supported staff to deliver safe care and maintain a good level of infection prevention and control practice.

Strategies were in place for the management of an outbreak of an infectious disease, and practices to prevent any outbreak were evident.

However, some maintenance and storage issues required attention as follows:

- rusty handrail in one of the bathrooms
- a pedal bin was not working in one of the bathrooms, requiring hands-on operation
- there was a stained rug in one of the bedrooms, so that it was not possible to determine if it was clean
- mops were stored upside down in bucket outside
- there was a damaged worktop in the kitchen.

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 Radharc Cnoc OSV-0007770

Inspection ID: MON-0035850

Date of inspection: 17/02/2022

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> <p>Handrail has been ordered and will be replaced by 30.04.2022</p> <p>Pedal bin was replaced on 25.02.2022</p> <p>Rug was replaced on 02.03.2022</p> <p>Storage of mops has been reviewed and are now stored appropriately in a designated shed</p> <p>Worktop in Kitchen will be replaced by maintenance by 30.04.2022</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.	Substantially Compliant	Yellow	30/04/2022