



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

Issued by the Chief Inspector

Name of designated centre:	Rose Lodge Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	30 June 2022
Centre ID:	OSV-0005231
Fieldwork ID:	MON-0036053

About the designated centre

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

Rose Lodge Accommodation Service is a detached bungalow located in a rural area but within short driving distance to a nearby town. It provides a full-time residential service for up to four female residents, over the age of 18 with intellectual disabilities and autism. Each resident in the centre has their own bedroom and other rooms provided include a sitting room, a kitchen/dining room, a living area and bathrooms. Residents are supported by the person in charge, a team leader and care workers.

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 30 June 2022	10:00hrs to 16:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The residents spoken with by the inspector talked positively about living in the centre. The house provided for residents to live in was seen to be generally clean, homely and well-furnished but some maintenance was required in some areas. Facilities to support infection prevention and control (IPC) were also provided for.

This inspection was focused on the area of IPC and on arrival at the house the inspector saw a COVID-19 related sign present at the front door. The inspector was initially greeted by a staff member wearing a face mask who directed the inspector to sign in. A second staff greeted the inspector soon after but was not initially wearing a face mask but put one on shortly afterwards. This staff member was not seen to be within close proximity with any resident during the period when they were without a face mask. Staff members were seen to wear face masks for the remainder of the inspection. At one point during the inspection, the inspector did see one staff member emerge from the house's utility room while wearing gloves and apron. This staff was seen to touch some surfaces in the kitchen/dining area before returning to the utility room while wearing the same PPE after supporting a resident.

Four residents were living in centre at the time of inspection, all of whom were met by the inspector. Two of the residents did not engage verbally with the inspector but did appear calm when present in the centre during the inspection. Both spent time sat in the centre's sitting room while watching television. At one point during the inspection, the centre's fire alarm activated with some residents reacting to this. While this was a false alarm and there was no fire present in the centre, all residents were supported to evacuate to the centre's fire assembly point located outside.

Two of the residents did speak with the inspector. The first of these indicated to the inspector that they liked the other residents in the centre and loved living in the centre. When asked by the inspector what they liked about living in the centre, the resident said that they liked making cups of tea and liked going on drives to nearby towns. The resident also said that they liked their bedroom and that staff supporting them were good to them. Throughout this inspection, staff members on duty were seen to interact positively and warmly with all residents.

The second resident who spoke with the inspector indicated that they watched the news and that staff were wearing face masks due to COVID-19. As with the first resident, the second resident said that they liked living in the centre, liked the staff and enjoyed going for drives. This resident said that on the day of inspection they would be going to the library where they would return some books and movies they had previously gotten from there and get new ones. After the resident spoke with the inspector, it was seen that all four residents left via the vehicle provided for a trip to a nearby town with two staff members. Upon the residents' return it was indicated that residents had gotten cappuccinos while one resident had gone to the

library.

The vehicle that was available to the centre was a rental vehicle while the house's usual vehicle underwent some repairs in a garage. Prior to residents going out, the inspector reviewed this rental vehicle and saw some areas such as the steering wheel and gear knob to be reasonably clean. It was noted though that the floor of the vehicle did need some vacuuming while part of the driver's door panel also needed some cleaning. When viewing this vehicle the inspector also observed a used latex glove and a dessert spoon present in the same driver's door panel.

Aside from this vehicle, the inspector also reviewed the premises provided for residents to live in. In general it was observed that this house was clean, homely and well furnished. It was observed though that maintenance was required in some areas. For example, there were some areas that needed painting while there were cracks evident on some skirting boards. Overall the house was seen to be reasonably cleaned and it was noted that a mould issue which had been previously raised during a May 2021 Health Information and Quality Authority Inspection (HIQA) had been addressed.

When reviewing the premises provided, the inspector observed a small fridge that was present in the living area. This fridge was marked as being a fridge for medicines that was to be kept locked. When the inspector checked this it was noted that it was not locked but instead appeared to contain some food. A staff on duty later indicated that new medicines for residents were currently not stored in this fridge but that it could be used for some staff food to be kept. At one point during the inspection an off-duty staff member entered the centre briefly and was seen checking the contents of this fridge. After this off-duty staff member left it was noted that some of the food inside the fridge had been removed.

Aside from this, the premises was also provided with facilities which promoted good IPC practices. These included wall mounted hand sanitiser dispensers, electronic ventilation in bathrooms, pedal operated bins and various relevant signage. Supplies of personal protective equipment (PPE) were also present in the house such as face masks and gloves. The inspector reviewed a sample of these and noted them to be in date. Some of this PPE was kept in a specific press and also within the same press were toiletries that residents used. Each resident had their own individual basket which contained their toiletries. It was noted though that none of baskets were labelled to indicate which basket belonged to what resident but a staff member spoken with was aware of who they belonged to based on their contents.

Also present within the centre were various cleaning supplies such as disinfectants and mops. Signage was on display highlighting that particular coloured coded mops were only to be used in certain areas of the centre. Such signage only indicated three colours; red, blue and green and while the inspector did observe mop equipment of these colours all in place, he also observed some yellow mop heads which also appeared to have been used recently with a staff member indicating that they were used in the dining area. The inspector was later informed that yellow mop heads were only used due to previous difficulties in getting red mop heads but

would be removed from use now that red mop heads were in place.

In summary, while the vehicle seen during this inspection did need some further cleaning in some areas, the house residents lived in was generally seen to be clean. This house was also provided with facilities to support IPC measures such as wall mounted hand sanitiser dispensers. Positive views were expressed by the residents spoken with during this inspection.

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

The provider had structures and monitoring systems in operation to support IPC. While various guidance was available, the standard operating procedure for laundry was not wholly reflective of the operations of this centre.

HIQA had last inspected this designated centre in May 2021 where an overall good level of compliance with the regulations had been found. As part of a programme of inspections commenced by HIQA in October 2021 focusing on the area of IPC practices, it was decided to conduct such an inspection of this centre to assess the discipline and practice in more recent times. Key areas of focus on this inspection included staffing, monitoring of IPC practices by the provider and the leadership, governance and management of the centre.

In response to the ongoing COVID-19 pandemic the provider had recently reviewed local response and isolation plans in place. The latter plan indicated how residents were to be isolated in the event of contracting COVID-19 and contained specific information related to each resident of the centre with the centre also having access, if required, to a specific isolation centre operated by the same provider. Updated guidance on COVID-19 and IPC was available in the centre along with the provider's own IPC policies and procedures. While these covered various relevant areas, it was noted that a standard operating procedure in place for laundry did not fully reflect the management of laundry in this centre. For example, the standard operating procedure on laundry indicated that the washing and dryer machines were in the same room but in this centre they were in different locations.

Relevant guidance, policies and procedures were available for staff to access and it was also indicated to the inspector that relevant updates were shared amongst staff via email and staff team meetings. The inspector reviewed a sample of notes from such meetings which had taken place regularly in 2022 with the notes indicating that matters related to IPC and COVID-19 were being discussed. Relevant IPC training was provided to staff in areas such as PPE, hand hygiene and relevant national standards. Staff members spoken with generally demonstrated a good knowledge of

IPC measures and COVID-19 precautions. However, the inspector was given some varying information on monitoring measures in the centre given the ongoing pandemic which will be discussed further below.

It was seen that the provider had in place clear structures and systems to escalate matters of concern at short notice related to COVID-19. This allowed the centre to obtain advice and guidance if needed. It was also noted that monitoring systems focused on IPC were in operation such as weekly checks, while a specific compliance check on Regulation 27 Protection against infection had been conducted recently in this centre. The inspector read a copy of this and found on this HIQA inspection that actions identified were being followed up on. Also, a relevant self-assessment on IPC had been recently completed, while the most recent unannounced visit carried out by a representative of the provider also considered IPC.

Quality and safety

There was regular cleaning of this centre and there were clear indications that residents were being given information related to IPC and COVID-19. Varying information was provided regarding symptom monitoring and temperature checking of residents given the ongoing COVID-19 pandemic.

As highlighted earlier, the premises of this centre was seen to be clean on the day of inspection and records provided indicated that cleaning of the centre was carried out on a daily basis. Cleaning records were also provided for the centre's usual vehicle and the vehicle being rented for the centre at the time of this inspection. These records indicated that such vehicles were being cleaned regularly but as mentioned elsewhere in this report, the inspector did see some areas where further cleaning was needed in the rental vehicle. A staff member spoken with did indicate that the vehicles used would be cleaned on a regular basis.

The inspector also queried with staff how often residents would be monitored for symptoms of COVID-19 given the ongoing pandemic. One staff member indicated that residents' temperatures would be checked twice a day while another indicated that residents' temperatures would only be checked if they were displaying symptoms. The inspector was informed outside of residents displaying symptoms, staff would generally monitor residents for symptoms or changes. It was also indicated to the inspector that staff were not checking their temperatures but were signing in when commencing work in the centre that they had no symptoms of COVID-19.

Staff sign in records were available which supported this but a number of risk assessments regarding the centre listed twice daily temperature checking of residents and staff as a control measure to mitigate the potential risks of COVID-19. It was noted though that a recent directive issued by the provider was present in the centre which indicated that temperature checking was not needed as it was "no longer essential". Relevant national guidance related to COVID-19 highlights a need

for twice daily active monitoring of residents for signs and symptoms of respiratory illness or changes in their baseline condition. However, taking into account the varying information provided, it was unclear if this was happening at the time of inspection.

It was noted though that residents were being given information related to IPC and COVID-19. Individual residents were provided with information during key working sessions with specific staff where required. It was indicated to the inspector that weekly resident meetings were used to give residents information on IPC but it was noted that many of the notes of residents' meetings in recent months made no reference to this topic. This was identified by the provider's own recent compliance check on Regulation 27 Protection against infection and since that was conducted, it was noted that the two most recent resident meeting notes indicated that IPC matters were discussed with residents.

Aside from such meetings, it was also found that there were a number of easy-to-read documents and social stories available to help provide residents with information about IPC and COVID-19. As mentioned earlier, one resident was aware of why staff were wearing face masks and when residents returned to the centre following their trip to a nearby town, a staff member was overheard encouraging a resident to wash their hands. It was also noted, from records reviewed and speaking to staff members, that residents were facilitated to have visitors at the centre if these wished to do so.

Regulation 27: Protection against infection

While overall good IPC practices, measures, systems and structures were in place and operational, some areas needed improvement/review which included;

- Maintenance was required in the premises while the vehicle present on the day of inspection needed further cleaning
- The standard operating procedure for laundry was not wholly reflective of the operations of this centre
- With relevant national guidance highlighting a need for twice daily active monitoring of residents, from reviewing documents and speaking with staff, the inspector was provided with varying information on the monitoring practices followed in the centre

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 Rose Lodge Accommodation Service OSV-0005231

Inspection ID: MON-0036053

Date of inspection: 30/06/2022

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>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> <ul style="list-style-type: none">• The rental vehicle in use at the time of inspection has now been returned, it was cleaned before returning. The centre's own vehicle was returned to the centre. The cleaning schedule in place for the vehicle has been updated to include: 1: The removal of all litter etc. after each use. 2: Cleaning of touch areas after each use had been in place, however, this has been updated to include a daily confirmation by a staff member that the vehicle has been checked and cleaned. This daily confirmation is on the centre's handover document.• The maintenance works required in the centre are on a planned scheduled of works. PIC is working with the property department to ensure maintenance work continues as scheduled.• The Standard Operating Procedure for Laundry in the centre has been updated and it now states the correct location of washing machine and dryer; this being that the washing machine is located in utility room and the dyer is located in the shed to the rear of the house.• All staff are now fully aware of the procedure for monitoring covid symptoms. A team meeting was held on 15/7/2022 where all staff were given a copy of the new guidance via email prior to the meeting. The procedure being; 'twice daily active monitoring of residents of signs and symptoms of respiratory illness or changes in their baseline	

condition'. Documentation and risk assessments in the centre have been updated to reflect the same guidance.

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	15/07/2022