



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

## Issued by the Chief Inspector

Name of designated centre:	Ard na Mara
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	15 February 2022
Centre ID:	OSV-0002036
Fieldwork ID:	MON-0036063

## About the designated centre

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

The centre provides a dedicated respite care and support service for male and female adults with a physical and/or intellectual disability in the Cork and Kerry area. Referral to the centre is made by residents' families, through the local public health nurses, general practitioners (GPs) or other organisations. Residents can avail of respite for between one and three weeks per year. The centre is a purpose built bungalow that comprises of six bedrooms with ensuite facilities, a large living and dining room, a kitchen, a quiet room, a bathroom, a staff toilet, a staff office, a staff tea room, a laundry room, a medical store room, a property room and a boiler room. The centre is located in a scenic rural setting near a village and a beach and is accessible to a number of towns and Cork city.

**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
Tuesday 15 February 2022	10:05hrs to 16:30hrs	Laura O'Sullivan	Lead
Tuesday 15 February 2022	10:05hrs to 16:30hrs	Conor Dennehy	Support

## What residents told us and what inspectors observed

This was an unannounced inspection and focused on the infection prevention and control measures which the registered provider had implemented within the centre. These measures were in place to prevent the risk of cross infection and to keep residents safe from infection. Five residents were availing of respite when the inspection completed and the inspectors had the opportunity to introduce themselves to all residents. They also had the opportunity to interact with four of these residents over the course of the inspection. This reports incorporated the findings evidenced through documentation, observations and interactions over the course of the inspection.

On arrival at the designated centre, inspectors rang the doorbell at the front door. In response a staff member emerged from a resident's bedroom with some personal protective equipment (PPE) on including gloves, a plastic apron and a surgical face mask. The face mask not been fitted correctly as the top of the face mask was initially under the staff member's nose. The staff member opened the front door, although it was seen that they did not remove their gloves and perform hand hygiene before doing so, and directed inspectors to sign in and check their temperatures. The staff member informed inspectors that staff on duty were assisting residents with personal care in their bedrooms at the time and returned to the bedroom they had first emerged from.

In the initial part of this inspection it was observed that staff members were wearing surgical face masks. Relevant national guidance, which had been in place since December 2021, highlighted a need to wear respiratory masks for all direct care activities. Even though the centre had a supply of such masks, based on the initial observations, inspectors were not assured that such masks were being used as recommended. This was highlighted to the person in charge over the phone shortly after the inspection commenced and later on staff were seen to be wearing respiratory masks. However, it was also observed that staff had not fitted these masks correctly with straps not places in the correct place to ensure the correct and effective fitting of masks. While some staff were wearing watches when recommended best practice for hand hygiene is that wrists be kept clear.

Much of the early part of the inspection was used by inspectors to review the premises which made up this centre. During this period it was observed that the layout of the premises was different to the floor plans that the centre was registered against. For example, a utility room which formed part of the premises and a bathroom leading off a storage room were not evident on the floor plans HIQA had been most recently provided with. In addition, a room on the floor plans was described as a bathroom and was laid out as such but staff spoken with described the room as a therapy room and on reviewing this room it was evident that it was primarily being used for storage. This same room was provided with ventilation around there appeared to be some water damage around the ventilation vent. The

registered provider was requested to address this following the inspection.

Arrangements for ventilation were provided throughout the centre which included electronic ventilation in bathrooms or windows being left open to promote the circulation of air. Inspectors did observe though at one point that a resident's nebuliser (device used to support a resident with the administration of inhaled medications) was stored beside an open window in their bedroom. There were six resident bedrooms in this centre but at the time of inspection it was seen that one was being used as a staff area. This was in place to allow for staff breaks to be completed in a socially distanced manner. It was noted though that residents' bedroom were seen to be spacious with each provided with their own en suite bathrooms. The bedrooms seen by inspectors were noted to be nicely decorated and well maintained overall.

The rest of the premises was also found to be well maintained with a large dining/living space and a quiet room available for residents to use if they wished to do so. Efforts had been made to present the premises in a homelike manner with plenty of pictures on display while the dining/living space had a large television and couches. This area had large windows which offered much natural light while overlooking a nearby beach. Another television and more couches were available in the centre's quiet room. The premises was also provided with a kitchen, staff rooms and storage facilities.

Overall this premises was found to be well-furnished and was also provided with fire safety systems including fire doors which are intended to prevent the spread of fire and smoke in the event of a fire occurring. Shortly after the inspection commenced, inspectors observed the fire door to a storage area, where some oxygen was being kept, being held open by a stool thereby completely negating the fire door's intended purpose. This was removed by an inspector and highlighted to the person in charge. Despite this later on inspectors found the fire door to the centre's quiet room being held open by a piece of furniture. Again this removed by an inspector and highlighted to the person in charge. It was suggested to an inspector that a resident may have done this but inspectors subsequently saw a staff member using a stool to hold open the fire door to the same storage area that had been seen earlier to be held open.

Throughout the premises signs were on display relating to matters such as COVID-19 and hand hygiene. Multiple bottles of alcohol gel for sanitising hands were available throughout the centre. Inspectors viewed the labels of these bottles and noted that most were indicated as not having passed their assigned expiry date. However, on some bottles it was indicated on their original label that their expiry date had passed but an additional sticker label had been added indicating that they had been refilled after this date. For example, one such bottle was indicated as being refilled in November 2020 although it was noted that the bottle was largely full.

It was queried what had been used to refill such bottles of alcohol gel and inspectors were shown larger plastic containers of alcohol gel but it was noted by inspector that there was no expiry date indicated on these containers. This meant it

that was unclear if the some of the alcohol gel in use in the centre had expired or not. An inspector highlighted to management of the centre who undertook to address this. During the inspection, supplies of medical supplies were also reviewed by an inspector who also found that supplies of certain equipment kept in the centre such as bandages had passed their expiry dates. A bin used for the disposal of sharps had been kept for longer then was recommended.

Other bins for the disposal of waste were available throughout the centre which were generally seen to be foot pedal operated bins in line with best practice. It was seen though that the foot pedal for one of these bins in the kitchen was broken. In addition, in some resident bedrooms inspectors observed some clinical waste bins present. It was indicated to an inspector that these bins were not in use but when looking inside them it was seen that some waste had been disposed in them. While this required review, it was noted by both inspectors that overall the premises provided for designated centre was clean with staff observed to be carrying out cleaning during the inspection.

However, the centre was also provided with a vehicle for residents to attend external activities. This vehicle was reviewed by one inspector and it was seen that it required further cleaning. In particular it was noted that parts of the inside door panels and foot wells needed cleaning while the overall presentation of the vehicle suggested it had not been thoroughly cleaned in some time. For example, in the rear of the vehicle the inspector observed an old and worn pair of shoes which had cobwebs on it. Safety equipment such as fire extinguishers, PPE and hand gel were present in this vehicle but the inspector did observe a used latex gloves left in one of the inside door panels. This vehicle was highlighted to the person in charge who indicated that it was due to be replaced soon.

Five residents were present in the centre on the day of inspection and two of these residents used this vehicle in the afternoon to go to a cinema to watch a movie with the support of two staff members. These residents had indicated to inspectors that they would do this earlier in the day while also indicating that they liked coming to this centre for respite stays. All five residents were met during this inspection and, aside from the two residents' trip to the cinema, residents were observed to spend much of their time moving between the living area and their bedrooms where they watched television or used tablet devices. Activities for residents were indicated as being discussed regularly at weekly meetings for residents that were facilitated by staff. When reviewing notes of such meetings it as indicated that matters such as COVID-19 and hand hygiene were also discussed with residents. Copies of easy-to-read documents to give residents information around COVID-19 were also seen during this inspection.

Residents spoken with informed the inspectors that they enjoyed spending time in the centre. They were aware of the need for the use of face masks to keep everyone safe. Residents spoke of the impact of COVID 19 when they were availing of respite within the centre. One told the inspector that now only two people can go in the van for an outing that everyone can't go out together anymore. Another spoke of their experience with COVID 19 but that they were looking forward to getting out and about again. They had tickets booked to an upcoming concert. One

resident required support with the use of a feeding tube. They showed the inspector where the equipment was stored in their room and how they returned all the products back home after their respite. They told the inspector that the staff helped them with this process.

Overall, the inspectors found the arrangements required to ensure good infection prevention and control practices were in place within the centre. However, it was noted that some areas require improvements. This included the correct use of facemasks, the cleaning of vehicles and the review of stock dates to name a few. This will be discussed in the report under capacity and capability and quality and safety.

## Capacity and capability

Ard Na Mara operated as a respite centre for adults and had been previously inspected in December 2020 where an overall good level of compliance was found across the 17 regulations reviewed. As part of a programme of inspections commenced by HIQA in October 2021 focusing on infection and control practices, it was decided to carry out such an inspection of this centre to assess the discipline and practice in this area in more recent times. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

The registered provider had appointed a clear governance structure to the centre. The person in charge was suitably qualified and experienced to fulfil their role. They were also the allocated IPC lead person in the centre. They reported directly to the person participating in management appointed to the centre. The inspectors had the opportunity to meet with both members of the governance team on the day of inspection. They both possess an awareness of the need for effective IPC measures in the centre and a willingness to drive service improvement in this and all areas of regulation.

Given the ongoing COVID-19 pandemic, it was seen that the provider had a documented contingency plan and escalation pathways for responding to any suspected or confirmed cases. These outlined, amongst others, who was to be contacted and what action was to be taken in the event of a case arising. Staff members spoken with were aware of such matters and of the potential COVID-19 symptoms to look out for. An on-call system was also available for staff if those involved in the direct management of the centre were unavailable and staff demonstrated an awareness of this. Residents spoken with were also aware of what should happen if they displayed any symptoms and under the rationale for this process.

It was indicated to inspectors that staff members were given information relating to COVID-19 and infection prevention and control through specific COVID-19 folders kept in the centre and through staff meetings. The COVID-19 folders, which



contained various relevant risk assessments, procedures and guidance, were reviewed by inspectors along with notes of the most recent staff meetings which indicated that infection prevention and control matters were being discussed. Some copies of staff memos issued by the person in charge relating to such issues were also read. However, despite such systems for providing staff with relevant information, based on observations of inspectors, there appeared to be uncertainty amongst staff on when to use respiratory masks and how to fit them correctly. This required review by the provider.

The need for refresher training in the use of PPE for staff working in this centre had been highlighted in January 2022 by the person in charge. It was also highlighted that there had been difficulties in obtaining onsite assessors for some infection prevention and control areas such as hand hygiene. Some staff spoken to indicated that they had watched videos around the use of respiratory masks and done training in this as recently as the week before this inspection but taking into account the observations of inspectors throughout this inspection, further refresher training was required for staff in the use of PPE and hand hygiene to ensure that practice in this area was in line with best practice.

While a need for further training had been recently highlighted, taking into account this inspection's overall findings, inspectors were not assured that the monitoring systems in place were capturing all areas for improvement related to infection prevention and control in the centre. The monitoring systems in operation included an annual infection prevention and control audit, weekly checks, environmental audits and a HIQA issued self-assessment that was to be completed every 12 weeks. Inspectors reviewed copies of these and found that they all indicated an overall good level of compliance with infection prevention control practices. However, matters found on this HIQA inspection had not been captured by this monitoring systems, therefore actions had not been implemented to address these in a timely manner.

The provider had developed policies to help guide and direct staff members in the area of IPC to promote good practice by all members of the staff team. This included the infection control policy which provided standard infection control guidance and additional guidance required during an infectious outbreak and the COVID 19 pandemic. This policy was used in conjunction with national guidance issued by the Health Service Executive and the Health Protection and Surveillance Centre and regularly reviewed to reflect any change in guidance. Should any additional support or guidance be required the governance team communicated with other members of the governance team within the provider or through external agencies such as the public health team.

## Quality and safety

The inspectors overall found that the registered provider supported residents to

understand the measures in place to address the risk of infection and the rationale for measures in place. The centre presented as a large bungalow located in a rural setting. Each resident had a private bedroom during their stay which as stated previously had an Ensuite bathroom. On admission each resident was provided with clean bed linen and toilet equipment. Residents were supported to complete their laundry as required or could bring this home if they choose to. The centre presented as warm and homely. Windows were open in each bedroom and the hallway to promote ventilation, whilst maintaining warmth in the communal areas. Where a room was not in use staff ensured to run the water supply to prevent the presence of legionnaires.

Ard Na Mara operated as a respite centre whereby groups of resident would generally commence respite together for a period of time and leave together before a new group of respite residents would come to the centre. As this meant that different residents could be using the same bedroom and en suite bathrooms within a short space of time, it was indicated to inspectors that cleaning of the bedrooms was carried out in the intervals between different resident groups availing of this centre. In addition, when residents were availing of the centre inspectors were also informed there was further daily cleaning of the overall premises including bedrooms while specific cleaning of regularly touched items such items as door handles was carried out twice daily given the ongoing COVID-19 pandemic.

Records reviewed partially supported what inspectors were told but it was noted that these records did not include some of the cleaning described by staff for resident bedrooms while some parts of the centre were not included in the cleaning records such as the main hall and entry hallway. Despite this, as highlighted earlier, it was observed by both inspectors that cleaning was being carried out on the day of inspection and overall the premises provided found to be clean. Ample stocks of cleaning supplies were also seen to be available in the centre for use. While the overall cleanliness of the premises was a very positive aspect of this inspection, the same could not apply to the vehicle assigned to this centre.

It was indicated to an inspector that this vehicle was to be cleaned daily when used and the inspector did see some recent records which supported this. However, as discussed elsewhere in this report, the overall appearance of the vehicle's interior suggested that it had not been thoroughly cleaned in some time. In addition, a log was kept of the days when this vehicle was in use and when comparing this log against the daily cleaning records available, the inspector noted a number of recent days when the vehicle had been in use but where there was no corresponding daily cleaning record for. This was queried with the person in charge who later indicated that they could not locate any vehicle daily cleaning records for the dates highlighted by the inspector.

Some individuals whom availed of respite within the centre did require some supports in the area of health care. This included catheter care, feeding tube care and support with inhalation of medication. The registered provider maintained a stock of sterile equipment which may be required including dressing, catheters etc. No stock count was maintained of this supply and upon review an inspector noted a number of sterile items were past their best before date. Where a resident required

additional infection control supports such as cleaning of equipment this was not clearly noted in their personal plans to ensure a consistent approach.

The registered provider had ensured an ample supply of PPE equipment was present within the centre. This included surgical masks, respiratory masks and hand sanitiser. Whilst checks were maintained of stock levels, these checks did not include expiry dates. On the day of inspection it was noted that the main supply of hand sanitiser was taken from larger drums which did not include an expiration date.

## Regulation 27: Protection against infection

Overall, the registered provider had established effective measures and procedures in the area of infection prevention and control. Staff were largely aware of measures in place within the centre. A number of policies and procedures had been introduced during the COVID 19 pandemic to minimise the risk of transmission. This included a robust COVID 19 contingency plan and the appointment of an IPC lead person.

However, to ensure compliance with Regulation 27 was achieved a number of areas required review. These included but are not withstanding:

- Governance and management arrangements within the centre had not ensured effective monitoring of IPC practices was in place. Whilst audits were being completed in the area of IPC, these required improvements to ensure all areas requiring attention were identified and addressed in a timely manner.
- Increased training and guidance with respect to the use of PPE including face masks. On the day of inspection it was noted staff using incorrect masks and not wearing face masks in the required manner.
- Addition of cleaning of the centre vehicle. On the day of inspection the vehicle was found to be in an unkempt state.
- A review of stock check measures to ensure these incorporated expiration dates of all PPE and sterile equipment. A volume of products were found to be out of date. A system for monitoring best before date of hand sanitiser was not in place.
- A review of cleaning schedule to ensure all areas of the centre were addressed and monitored.
- Residents personal plans required review to ensure that all areas of infection prevention and control were addressed to ensure a consistent approach.

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 Ard na Mara OSV-0002036

Inspection ID: MON-0036063

Date of inspection: 15/02/2022

## 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	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>• An Infection control audit has been planned with the clinical trainer to be completed by 15/04/2022</li> <li>• All staff to complete AMRIC modules on Hseland by 30/04/2022.</li> <li>• IPC is discussed at resident meetings, staff meetings &amp; staff supervision meetings - ongoing.</li> <li>• Cleaning schedules have been updated to reflect all area's that were not included in daily cleaning as identified by the inspector.</li> <li>• Spillage kits have been purchased.</li> <li>• Transport cleaning schedule has been reviewed and will be monitored by the PIC going forward - ongoing</li> <li>• Sharps bin has been replaced and local policy reviewed.</li> <li>• Yellow bins – have been removed from the bedrooms but remain available if needed.</li> <li>• Kitchen/bedroom bins have been replaced.</li> <li>• Out of date stock has been removed and all current stock has been documented and will be monitored by the PIC going forward - ongoing.</li> <li>• All staff have received refresher training on PPE (in particular FFP2 masks) and training matrix will reflect this.</li> <li>• Staff have been briefed on the feedback from the inspection on 21/02/22 and a staff meeting has been planned for 03/05/2022 to discuss the action plan for Ard Na Mara in relation to IPC.</li> <li>• Concerns raised by the inspectors on the day of the inspection in relation to inappropriate usage of PPE has been addressed with the staff that were on duty for the inspection and attended refresher training.</li> <li>• The Enable Ireland Infection Prevention and Control policy &amp; Audit tool is currently under review.</li> </ul>	

## 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.	Not Compliant	Orange	30/05/2022