



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area F
Name of provider:	Muiríosa Foundation
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	15 February 2022
Centre ID:	OSV-0004088
Fieldwork ID:	MON-0035689

About the designated centre

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

Community Living Area F is located in an urban setting in Co.Laois and can provide residential care to three residents over the age of 18 years. The centre can cater for residents with an intellectual disability and who may also exhibit behaviours of concern. The centre presents as a bungalow comprising of single bedrooms, two living areas, a large kitchen-dining room, equipped bathrooms and a staff office. The centre is a walking distance from the local amenities within the community of the local town. Staff support the residents on a 24 hour per day basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

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	09:00hrs to 14:30hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and review the arrangements which the provider had implemented in relation to infection prevention and control (IPC). During the inspection, the inspector met with two residents and two staff members. The inspection was facilitated by the person in charge and the inspector also met with two senior managers who were listed on the organisational structure of the designated centre.

The inspector met with the staff member who was on duty on the morning of inspection as they were preparing to monitor residents for signs and symptoms of COVID 19. Before entering the centre the staff member performed a temperature check and the inspector was advised of the locations of the hand sanitising stations.

The centre is located within walking distance of a town in the midlands and was warm and homely in nature. Residents had access to all communal areas of their home and one resident was having a sleep-on on the morning of inspection and the other resident was preparing to go swimming.

As the staff member met and assisted residents they were observed to sanitise their hands and when one resident met with the inspector they were reminded to maintain social distancing. The inspector noted that this was done in a caring manner and the resident reacted warmly to the interaction. There was information available in the centre in regards to IPC with reminders for hand washing and the use of face masks displayed.

Staff members who met with the inspector were observed to wear face masks and a resident who met with the inspector said that they wore a face mask when travelling in the centre's car and also when out and about in the community. They also said that this was for their safety and that they would also wash and sanitise their hands regularly when outside of their home. The inspector observed that hand sanitising stations were readily available and the person in charge highlighted that an additional hand sanitising station was required for a rear exit door.

A staff member who met with the inspector clearly explained the cleaning regime in the centre and the products and colour coded cloth system that they use for surfaces. However, there was some confusion in regards to the colour coded system which was in place for the cleaning of floors. The inspector also observed that the centre only had one mop bucket in place and the provider was unable to demonstrate how this bucket was cleaned and sanitised as staff moved between cleaning the different areas of the centre.

Capacity and capability

The provider had delegated responsibility to the person in charge for the oversight of IPC measures in this centre. The person in charge were supported in their role by senior managers and there was also range of policies and standing operating procedures to guide them in their role.

The provider had produced an IPC policy which was updated as required by the regulations and guided staff on the IPC measures which were implemented to promote residents' safety and wellbeing. This policy was supported by additional policies in regards to waste management, hand hygiene and two standing operating procedures in regards to cleaning and disinfecting. The inspector reviewed these documents and found for the most part that they outlined the IPC requirements which were required in centres under their remit. Although these documents were robust in many areas, some areas required further clarification. For example, further clarity was required in regards to the safe management and segregation of laundry and there was conflicting information in regards to the use of colour coded cloths when implementing procedures in response to COVID 19. The inspector met with senior management of the centre prior to the conclusion of the inspection and it was clear that they were committed to quality improvement in regards to IPC. Senior management were in the process of reviewing their policies and standing operating procedures and it was also clear that learning from inspections across their services was underway.

The provider had completed all required audits and reviews of the regulations but these did not include a review of IPC measures in this centre. However, the person in charge had recently introduced an IPC audit which highlighted gaps in cleaning schedules and also maintenance works which were required to enhance the hygiene arrangements in the centre. For example, rusted bathroom hand rails had been removed and works were planned in relation to bathroom flooring and radiators.

The provider ensure that sufficient staff numbers were in place to support residents with their needs and there were pleasant interactions observed throughout the inspection. The provider also ensured that staff had received additional training to promote IPC such as hand hygiene, breaking the chain of infection and donning and doffing personal protective equipment (PPE). IPC was also recently introduced as a topic on scheduled supervision which was occurring between staff and the person in charge.

Although there were some issues in regards to policy, procedure and practices in the centre, it was clear that the provider was committed to driving overall improvement in the area of IPC.

Quality and safety

Residents were supported to be out and about as they wished and on the morning of inspection one resident was preparing to go swimming and another resident had a sleep on and then decided to go out for breakfast. One resident said that they were encouraged to wash their hands and they wore a face mask in line with public guidance.

The provider had produced a contingency plan an outbreak of COVID 19 occur which outlined how the centre would prepare and also ensure that staffing ratios would remain at a suitable level. The person in charge showed that individual contingency plans were in the process of being formulated and gave a general outline of each resident's care requirements should they be required to self isolate. The plans clearly outlined how residents could isolate in their own bedrooms and identified bathrooms for their use during this period were in place. However, improvements were required to specifically detail the arrangements for the cleaning and disinfecting areas such as their individual bedrooms and assigned bathroom. Additional information was also required to guide staff in the management of resident's laundry and also in relation to the arrangements for residents' meals and the cleaning and sanitisation of crockery.

Staff members held responsibility for ensuring that daily cleaning schedules were implemented and the provider had a detailed cleaning schedule in place which outlined the centre's hygiene requirements. Staff were completing twice daily cleaning and generally the centre appeared clean. However, the sitting room floor had visual debris and dust and a recliner bath was also found have soap residue on it's surface and mould in a door seal. The person in charge clearly explained that this bath was not in use at the time of inspection and that maintenance works were required. The person in charge also demonstrated that a new cleaning schedule was being introduced for bathrooms which included the cleaning requirements of this recliner bath. This was a proactive action by the person in charge; however, the revised cleaning schedule did not consider if this bath required specialised cleaning due to a water jet feature which was present. Although cleaning schedules were in place some aspects of the centre were not included, for example hand rails in the hallway were absent and also cleaning of the centre's microwave, hob and oven.

The provider had introduced a general risk assessment in response to COVID 19 and individual risk assessments were also in place for issues which may impact upon resident safety. However, there was no individual risk assessment for IPC in the centre which did impact on the provider's ability to ensure that IPC arrangements were maintained to a good standard at all times.

The inspector found that there were appropriate arrangements in place for laundry and the disposal of non-clinical waste in the centre. Laundry was completed on-site using a domestic washing machine and the person in charge told the inspector that water-soluble bags were available to segregate infected or contaminated laundry if required. In the event that the centre required clinical waste bins, the person in charge explained how these would be made available to the centre.

As mentioned earlier, there were hand sanitising stations available and the person in charge detailed that an additional hand sanitising station was required. Staff had

completed hand hygiene training and they were observed to engage in hand hygiene on a regular basis and following interactions with residents. The person in charge also indicated that they were considering more easy read information for residents in regards to hand hygiene and general IPC measures. The person in charge also highlighted a specific hand washing sink which was available in the centre. The person in charge discussed with the inspector that specific signage would be installed and that residents would be encouraged to use this facility to practice their hand hygiene techniques.

Regulation 27: Protection against infection

Overall the provider had put in place systems in place which supported staff to deliver safe care and maintain a good level of infection prevention and control practice. However, this inspection did identify specific areas which required improvement:

- The centre's policy and procedures required further clarity in regards to segregation of laundry and the use of the colour coding system for cleaning
- Individual contingency plans required additional information in regards to cleaning and disinfecting and also the arrangements for meals and the cleaning and sanitisation of crockery required review
- Improvement was required to the centre's general cleaning and associated cleaning schedules required revision to include all aids and equipment.
- Further clarity was required in regards to the colour coding of mops and their associated areas of use. The provider also failed to demonstrate how a mop bucket would be cleaned and sanitised in between use and as staff cleaned different areas of the centre such as bathrooms, living area and 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 Community Living Area F OSV-0004088

Inspection ID: MON-0035689

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC and PPIM will review policy and procedures to ensure clarity for staff regarding the segregation of laundry and the use of the colour coding systems for cleaning. Individual contingency plans will include additional information in regards to cleaning and disinfecting and also the arrangements for meals and the cleaning and sanitisation of crockery in the event of a Covid 19 outbreak. Amendments and additions will be made to the general cleaning and associated cleaning schedules to include all aids and equipment. Clarity in regards to the colour coding of mops and their associated areas of use will also be made to provide clear and concise direction to all staff, to include details on cleaning mop buckets and the use of cloths during an infection outbreak.</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	11/04/2022