Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Rushmere House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	28 April 2022
Centre ID:	OSV-0007787
Fieldwork ID:	MON-0035909

About the designated centre

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

Rushmere House provides a residential service for up to five adults with disabilities. The house is a five bedroom detached two storey home situated close to a small village in Co. Louth. Each resident has their own bedroom, one of which has an en-suite bathroom. One of the bedrooms is situated on the ground floor and the others are located on the first floor. On the ground floor there is also a large kitchen cum dining room, a utility room, sun room, living room and staff office. There are two bathrooms, one on the ground floor and one upstairs. The house is surrounded by a large driveway and garden.
The staff team comprises of a person in charge, two team leaders and a team of direct support workers. There are three staff on duty during the day and two staff on waking night duty. Nursing support (if required) is provided by community nurses employed in the organisation who support residents and staff to ensure that resident's health care needs are being met. A range of allied health care professionals are also available to support residents with their assessed needs. Residents do not attend any formal day service but rather are supported by staff to plan their day in line with their personal preferences. Transport is also provided to support residents with accessing community-based amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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 28 April 2022	12:30hrs to 19:17hrs	Caroline Meehan	Lead
Thursday 28 April 2022	12:30hrs to 19:17hrs	Raymond Lynch	Support

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation to infection prevention and control. The inspection was completed over one day. The inspectors met with four residents over the course of the inspection and observed their daily interactions with staff and lived experience in the centre.

While residents appeared happy and content in their home, and staff were observed to be caring and professional in their interactions with them, the provider had failed to ensure that infection prevention control standards were being adhered to in the service. Parts of the premises were not clean, hand sanitizing gel holders were not being replenished in a timely manner, paper towels were not available in some bathrooms, the COVID-19 contingency plan required updating and, the storage system in place for personal protective equipment (PPE) required immediate attention.

This centre comprised of a large detached house in a tranquil rural setting. The ground floor consisted of a kitchen, staff office, a utility facility, one bathroom, one showering facility, a double bedroom and a sitting room/relaxation room. The first floor comprised of three bedrooms, a bathroom, and a bedroom that was not in use at the time of this inspection.

On arrival to the centre, the inspectors noticed that COVID-19 and hand hygiene signage was visible in the hallway and both inspectors were asked to take their temperature. All staff were observed to be wearing appropriate PPE to include FFP2 face masks at all times over the course of the inspection.

The inspectors were shown around the facility by the person in charge and introduced to some of the residents and the staff. The inspectors observed that parts of the premises were not clean (including bathrooms, the kitchen area, and storage area for mops and buckets) and some hand sanitizing gel holders were empty. It was also observed there was no soap or hand gel available in the kitchen.

During this walk around the inspectors noted that a resident had two pet cats which formed an integral part of their therapeutic plans. However, the cats were observed to have access to the storage area for PPE and, were also fed in the kitchen area. This resulted in an immediate action being given to the service to address this issue, as well as areas that required cleaning and disinfection, storage of used linen, and adequate access to hand hygiene equipment as a matter of urgency. By the time this inspection was completed, these issues had been addressed by the person in charge and assistant director of services.

The inspectors also observed that residents required a lot of support and supervision and, staff were at all times attentive to their assessed needs. The person in charge and staff team were also kind, caring and professional in their interactions with the

residents and, residents were observed to be relaxed and comfortable in the company and presence of staff. The person in charge also outlined a number of relaxation and therapeutic interventions that were available to the residents.

For example, a large sensory garden area was available to the residents and, the inspectors saw some of the residents spending time in this area and enjoying themselves. A well equipped relaxation room was also available to the residents where they could spend quiet time, relaxing and listening to soft music. A viewing area had also been installed at the end of the back garden so as residents could relax and view the scenery and wildlife in the countryside behind the house.

Residents also had plans this year to go on holidays to include short hotel breaks and on the day of this inspection, enjoyed social activities such as shopping with staff, meals out, walks and scenic drives in the countryside.

However, while residents appeared happy and content in their home, the provider had failed to ensure the premises were maintained in line with the National Standards for infection prevention and control in community services or meeting the requirements of regulation 27: protection against infection.

Capacity and capability

The overall governance and management arrangements in this service had failed to ensure the centre was meeting the legal requirements of regulation 27: protection against infection and, the National Standards for infection prevention and control in community services

While the provider had in place a range of infection prevention and control (IPC) policies, procedures and audits regarding the upkeep and cleanliness of the premises, they were not effective in ensuring the house was adequately cleaned or maintained to an appropriate standard. As stated earlier in this report, parts of the house were not clean, for example, some bathrooms, the utility facility and the storage area for mops and buckets.

On the day of this inspection, a number of hand gels required replenishing and there were no paper towels available in some of the bathrooms. Air vents in the bathrooms and office required cleaning, a bathroom bin required emptying and the storage area for PPE was not being adequately maintained. It was also observed that two pet cats could access the storage area for PPE, and were being fed in the kitchen. While these pets were a therapeutic support to one of the the residents and were very much part of the group home, the possible IPC related risks regarding their access to the PPE storage area or kitchen had not been considered.

The inspectors viewed a sample of files and found that staff had undertaken a comprehensive suite of training so as to ensure they had the required knowledge to implement effective infection prevention and control. Cleaning schedules were also

in place which staff signed off on each day so as to ensure good hygiene and upkeep of the premises. However, while all these schedules had been signed by staff on a daily basis, this system also failed to ensure the house was being adequately cleaned or maintained in line with IPC standards.

Over the course of the inspection, the inspectors reviewed a number of documents the provider had in place to support the delivery of their IPC related operations which included the provider's COVID-19 contingency planning documents. However, it was found that this plan also required review and updating so as to ensure it was up-to-date, reflective of the assessed needs of the residents, and how best to support them in the event of a suspected and or confirmed case of COVID-19 in the centre.

Quality and safety

Overall the inspectors found the arrangements in place to protect residents from the risk of healthcare acquired infections were not adequate. While every effort was made to provide residents with information on infection prevention and control precautions, standard precautions did not form part of the routine care provided to residents in the centre. There were significant concerns around the cleanliness of the environment and some equipment, and the management of IPC risks. In addition, the arrangements to manage an outbreak, should it occur, were not satisfactory.

The inspectors reviewed documents pertaining to the provision of information to residents and found information was provided to residents to enhance their knowledge of healthcare acquired infections. For example, easy to read information was available on COVID-19, vaccinations, and testing, and infection control was discussed at weekly residents' meetings. Staff described the support provided to residents, for example, physical, gestural and verbal prompting with hand washing tasks, and step by step picture guides for hand washing were displayed in bathrooms. Staff were observed to assist residents with their care needs, as described and in line with their assessed needs.

Risks relating to infection prevention and control had been assessed, and risk management plans outlined the standard precaution measures to be taken to prevent the risk of infection. However, the inspectors found some of these measures were not consistently in place on the day of inspection. For example, as discussed, hand soap was not available in the kitchen, and hand sanitising dispensers and single use hand towels were empty in a number of areas. This meant that arrangements were not in place to ensure infection prevention and control formed part of the routine delivery of care to protect residents in the centre. Similarly, medicines were stored in unhygienic containers, and medicine was prepared in a small room, in which used linen was also observed to be located in close proximity. Staff were observed to wear appropriate PPE in line with public health guidelines,

including FFP2 masks, and additional PPE when handling laundry.

The inspectors found the environment was not clean and there were a number of areas that required attention. For example, inspectors observed a build-up of debris in extractor fans and a room fan, unclean shower tray, cobwebs in some rooms, an unclean medicine fridge, unclean bathroom floor, and an unclean storage areas for mops. As mentioned inspectors were also concerned about the access of two cats to the storage areas for PPE, unhygienic storage for PPE, and opened PPE packages in this area. The storage of soiled linen awaiting laundering was not also not satisfactory. An immediate action was issued on the day of inspection, and the person in charge and assistant directors had taken action by the end of the inspection to address these specific concerns.

As mentioned, this was a busy environment. From discussion with the person in charge and a staff member, a review of the needs of residents, and observations on the day of inspection, it was evident that the support and supervision levels residents required to meet their specific needs, meant that staff were needed to attend to residents needs on an ongoing basis throughout the day. The inspectors found this support was in the main provided, and staff were observed to be attentive, and at all times occupied in attending to the residents' needs. Similarly at night time, the needs of the residents meant that staff were, during some nights, occupied in attending to the residents needs. It was not evident therefore that there was dedicated time for cleaning and disinfection of the centre, and this was reflective of the observations and findings on the day of inspection.

Suitable arrangements were not in place for the management of laundry, to ensure used linen was segregated from areas of clinical interventions, and there was adequate space for the segregation of clean and used linen, and cleaning equipment. The laundry area was located in a utility room, which was also used for storing and preparing medicines, and storing of some clean linen, cleaning cloths, and cleaning mops. In addition, colour coded mop heads were not stored in line with the stated requirements, in order to reduce the risk of cross-contamination.

While arrangements were in place for the disposal of waste, inspectors found not all waste had been appropriately disposed of. The details of this were pointed out to the person in charge on the day of inspection, and the person in charge made arrangements for the immediate removal of this waste on the day of inspection. The circumstances surrounding this issue were discussed with a staff member, who told the inspectors, that at times staff could not provide adequate supervision to ensure this issue did not arise.

The arrangements for cleaning of shared equipment also required review. This included dining chairs, the dining table and a couch, which were all observed to be soiled at the base level. The covering on a seat was observed to be torn, and therefore could not ensure adequate infection control measures were in place. In addition, the vehicle used to transport residents was observed not be clean, and the covering on a seat required repair. While the cleaning records indicated the bus had been cleaned and a deep clean was recorded as completed daily, this was evidently not the case. The inspectors observed an unclean steering column, an unclean

passenger seat, and a significant amount of debris on the floor.

Adequate arrangements were in place for the detection of signs and symptoms of infection. Staff outlined that residents' temperatures and symptoms were recorded twice in a 24 hour period, during the day and at night time, and this was reflective of records reviewed.

The inspectors found the measures to control an outbreak and limit the spread of infection were not adequately planned for. There was a risk identified relating the isolation of a resident in the event of a suspected or confirmed case of COVID-19. A staff member was unclear initially on the facility that would be used, and later confirmed with the person in charge the location of an isolation unit also under the remit of the provider. However, this was not consistent with the provider's contingency plan, which directed staff to refer to individual resident risk assessments, and in the event as resident cannot isolate the management response to be taken to identify a suitable alternative option. The resident's individual risk assessment which outlined the resident would not self-isolate, did not outline the use of an isolation unit. The inspectors found the location identified by the person in charge and staff was no longer in use as an isolation unit. In addition, satisfactory arrangements were not evidently in place to protect other residents in the centre, while a suitable alternative accommodation was being sourced. For example, staff were not knowledgeable on the measures to take to prevent the transmission of infection to other residents, in the event the resident was suspected and would not manage to self-isolate.

Clear guidance was outlined in care plans on the care to be provided to residents if they became unwell with COVID-19.

Regulation 27: Protection against infection

The overall governance and management arrangements in this service had failed to ensure that infection prevention and control standards were being adhered to in the service and the provider was meeting the legal requirements of regulation 27: protection against infection and, the National Standards for infection prevention and control in community services.

An immediate action was issued on the day of inspection in relation to the centres cats having access to the storage area for PPE and, were also fed in the kitchen area.

Other areas of concern were areas that required cleaning and disinfection, storage of used linen, and adequate access to hand hygiene equipment.

The providers auditing and cleaning system was ineffective in maintaining the centre in a manner to ensure residents were protected against the risk of infection.

The COVID-19 contingency plan required updating and, the storage system in place

for personal protective equipment (PPE) required immediate attention. Parts of the premises were not clean. Hand sanitizing gel holders were not being replenished in a timely manner. Paper towels were not available in some bathrooms.
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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Rushmere House OSV-0007787

Inspection ID: MON-0035909

Date of inspection: 28/04/2022

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

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
A full review of the governance and management arrangements in this service has been completed to ensure that infection prevention and control standards are being adhered to in the service and to ensure arrnagements are in place to meet the legal requirements of regulation 27: protection against infection and, the National Standards for infection prevention and control in community services. The following action has been undertaken to address the concerns noted on inspection.
• A daily IPC checklist is now completed by Team Leads in the morning and a walk around with night staff is completed to check assigned duties have been completed, this includes but is not limited to, scheduled deep cleaning, checks of hand sanitizers and replenishing hand towel dispensers.
• A post inspection IPC specific team meeting was held with all staff on 04/05/22 which detailed improvements needed and the actions to be completed in relation to IPC going forward.
• Storage of PPE has been moved to a secure and appropriate area.
• An application to vary the conditions of the centre will be submitted to the Authority to reduce the overall occupancy of the centre from 5 to 4.
• The current spare bedrooms purpose and function will be changed to provide additional office space and storage. This will be clearly noted in the SOP and Floor plans submitted in the application to vary.
• The current PIC arrangements will be enhanced to include a supernumerary PIC designated whole time to this centre. HR have commenced the recruitment process.
• Storage of mops and buckets has been moved from the utility room to the shed and the cat flap on the shed door has been removed and sealed.
• A kennel has been sourced to allow for the residents two cats to be fed outside.
• A soap dispenser has been mounted in the kitchen area.
• All medication storage and dispensing will be moved from its current location in the utility room to the downstairs office area. Filing cabinets and storage presses are to be

moved from the downstairs office to the upstairs spare room to allow a medication dispensing area to be located in the current office downstairs.
• Soiled laundry is to be kept in closed laundry baskets in the residents' bedrooms until ready for loading into the washing machine in the utility room. The utility will have a clear process for the separation of clean and dirty, to minimize the risk of cross contamination.
• Due to a resident's propensity to pull out plastic bags in the bins in the downstairs bathroom, a foot pedal operated bin has been sourced with a locking mechanism which will prevent the removal of bin liners and enhance the waste management arrangements.
• The transport manager is currently sourcing a new bus for Rushmere House.
• The overall COVID-19 contingency plan has been reviewed to ensure it reflects best practice.

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	Red	04/05/2022