



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

## Issued by the Chief Inspector

Name of designated centre:	Rosewood
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	19 May 2022
Centre ID:	OSV-0007932
Fieldwork ID:	MON-0035566

## About the designated centre

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

This designated centre can provide a residential service to three male and/or female adults with intellectual disabilities and require mild to moderate supports. The centre is based in a large town in Co. Wicklow and is close to an array of community amenities. The two-storey house comprises of four bedrooms, a kitchen, utility room, dining room, an activity room with conservatory and a sitting room and two toilets. Two of the four bedrooms have en-suite facilities. The person in charge works full-time and shares their role between this centre and one other. The person in charge is supported by a deputy manager, a core team of social care workers and a day service facilitator.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 19 May 2022	10:40hrs to 16:15hrs	Louise Renwick	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection was to monitor compliance with Regulation 27: Protection against infection and the National Standards for infection prevention and control in community services (HIQA, 2018). This inspection found that overall, the centre was operating in a way that promoted residents' safety in relation to infection prevention and control practices.

Inspectors met residents who lived in the designated centre, spoke with some staff members and members of the management team.

On arrival to the designated centre, the inspector was met by a member of staff who took the inspector's temperature and completed a symptom check as part of the centre's visitor procedure. The inspector observed the staff member wearing personal protective equipment (face mask), and there was a supply of face masks at the entrance door along with hand sanitiser and pictorial signage to promote the correct use of personal protective equipment (PPE) and general COVID-19 procedures.

The designated centre consisted of a semi-detached house registered for three residents in the Bray area. The centre comprised four bedrooms, a kitchen, utility room, dining room, an activity room with conservatory and a sitting room and two toilets. Two of the four bedrooms for residents had en-suite facilities. One of the spare bedrooms was being used as an exercise space for residents to do yoga or other activities, and another was being used for storage while it was not in use. At the time of the inspection, two residents lived in the designated centre and were supported by two staff members during the day. One resident was out earlier in the day when the inspector arrived, and another resident had just returned home with staff after being shopping for food supplies and new plants and bedding for their garden.

Residents who spoke with the inspector said that they were happy living in the centre and described how they liked to spend their time. Residents were using community-based amenities and facilities regularly and had daily activity plans supported by staff in the designated centre. Residents showed the inspector the weekly plan of how they spent their time, and the places and activities they liked to go to, for example, bowling, bingo and community groups. There were two staff available each day to support two residents with their planned activities.

Residents told the inspector that staff encouraged them to protect themselves from infection when in the centre, or when outside the centre, for example, by using face masks in crowded areas and washing or sanitising their hands regularly.

During the inspection, it was seen that staff and the person in charge were promoting a person-centred delivery of care, and encouraging residents to take responsibility for their activities of daily living, including food preparation, laundry

and general chores and gardening upkeep. Residents were supported to learn how to do these tasks safely themselves and discussed promoting their health and safety through their key-worker meetings and discussions.

Residents showed the inspector the utility room and explained to the inspector how they put on a wash of their clothing, which products they used and how they checked the dryer. While it was a positive thing that residents could use these facilities themselves and had developed living skills in this area, some improvements were required to the procedures around the management of laundry. There was no hand sanitising products available in the utility room or hand soap for washing hands. While the risk of soiled laundry was low in the centre, the staff team did not have access to alginate bags, should soiled linen arise and a clear process to follow in the event of soiled linens.

Residents liked gardening and being involved with planting and weeding with staff, and there was a large well-kept garden at the back of the designated centre. Some residents had their own pet, which had its own designated area in the centre for feeding, relaxing and waste. Residents and staff spoke to the inspector about how they protected themselves from potential infection associated with caring for an animal, for example, washing their hands after they spent time playing with their pet and wearing gloves if cleaning their litter tray.

In viewing the designated centre the inspector noted that in the main bathroom upstairs, toilet rolls were placed on the window sill and on the top of the toilet. While there was a toilet roll holder dispenser in place, it was not easily accessible and the inspector was told that residents did not like to use this and preferred to place the toilet rolls on the window sill.

The inspector saw shop-bought cleaning products stored in the bathroom press for cleaning of the bathroom area, and a cleaning roster and checklist on display showing that the bath and toilet facilities were cleaned once a day, or after their use. These were signed off by staff on a daily basis and overseen by the person in charge. While the cleaning checklist was in place, it did not seem to include the shower, which was dusty and the person in charge explained that this was not frequently used as residents both used their en-suite facilities for showering. Hand soap was available at the hand-washing sink, and a sensor operated paper towel dispenser with a bin close-by.

Overall, while some aspects of infection prevention and control had not been formally documented or included into the provider's systems, practices in the designated centre promoted residents' safety from infection. Residents were supported by an adequate number of staff who encouraged them to be self-directed in their daily plans and home responsibilities, and the designated centre was being managed in a way that promoted residents to develop skills to protect themselves from infections.

## Capacity and capability

This inspection found that the provider was for the most part, striving to implement the National standards for infection prevention and control in community services (HIQA, 2018) and was substantially compliant with Regulation 27: Protection against infection.

The provider had strong governance structures and management arrangements in place in the designated centre, with clear roles and responsibilities for staff and management. There were lines of escalation and information from staff in the centre to the provider, and frameworks of staff supervision, staff meetings and communication with staff to ensure infection prevention and control was discussed and kept as a feature of conversations.

The provider had an infection control policy in place for all of its designated centres and a policy guiding how the centres would work during COVID-19. While these were good documents to guide staff practice, they required further development to offer specific guidance or to be implemented through specific procedures for this designated centre, in line with residents' needs.

The provider had appointed three staff from their quality team to attend detailed training in Infection, Prevention and Control over a five day period, and had plans for these staff to assist with reviewing and enhancing policies, procedures and guidance following this training, which would enhance the knowledge and practices in this designated centre.

The provider had hired a sufficient number of staff who had access to appropriate training in relation to COVID-19 infection prevention and control and there were escalation pathways in place to raise concerns or risks and to ensure during out-of-hours staff had appropriate support. While training was identified as mandatory, and delivered routinely to all staff the focus was predominantly on infection control management in the context of COVID-19.

The provider completed six-monthly unannounced audits that included the review of Regulation 27: Protection against infection. The last unannounced audit had only been recently carried out and the person in charge was awaiting the final documentation. This audit identified that the centre was substantially compliant with regulation 27, with improvements required to the review and updating of key documentation to support infection prevention and control practices.

The person in charge had implemented local oversight arrangements to protect residents against infection, for example, audits undertaken included health and safety audits that reviewed the cleanliness of the centre, and medication audits that included the storage of medicine and use of devices for monitoring health issues. Where checklists or daily monitoring was in place, such as cleaning and enhanced cleaning checklists, these were reviewed regularly by the person in charge to ensure they were being completed and discussed at team meetings.

The person in charge had completed the self assessment tool and quality improvement tool issued by the Chief Inspector to assess the adequacy of their

COVID-19 measures and to demonstrate a commitment to quality improvement. The person in charge had also completed general and individual risk assessments related to COVID-19 which identified control measures for implementation, including isolation plans for if an outbreak of an infection should occur. While these documents were in place, some required review and updating.

While the risks associated with infection were known and deemed low, improvements were required to ensure guiding policies and procedures along with staff training had a broader focus and gave specific guidance for the staff team to support them to prevent all possible health-care associated infections.

## Quality and safety

The care and support provided in the designated centre was found to be person-centred and promoted residents' rights. Residents were supported to have active lives and were involved in the running of their home. Residents and their families were provided with information and were encouraged to be involved in decisions about their care in order to prevent, control and manage infection.

In this designated centre residents were supported through a social-care model of care and did not require nursing support. Residents had access to their own General Practitioner (GP) for any health related issues or supports, or through allied health and social care professionals through their GP or employed by the provider. In general, the person in charge outlined that there was a low risk of infection in this designated centre and very low admission to acute hospital settings for specific health-care related needs.

Residents' wishes and consent were sought in relation to any specific testing for infection, or vaccination to prevent COVID-19. Residents spoke to the inspector about how the staff encourage them to follow good practice to protect themselves from infection, for example, wearing masks in busy community based areas and washing or sanitising their hands regularly and good cough etiquette. This was discussed with residents at their key-worker meetings and in general conversations. Residents had access to media and news to keep informed of current community-based infection.

Should any resident or staff display a symptom of an infection, there were written plans and guidance in place for staff to follow. For example, isolation plans for potential COVID-19 infection along with associated risk assessment outlining control measures.

The inspector reviewed a sample of residents' personal care plans. The plans reviewed did not identify any particular high risks or needs from an infection prevention or control perspective such as an infectious disease. There was evidence of good record keeping in relation to residents' health and any associated risk of infection. Residents had hospital passport documents to assist their supports, should



they require hospital admission. Where personal equipment was used by residents to monitor their health, there were guidelines and procedures in place to ensure good practice in relation to reducing the risk of potential infection.

Generally, residents managed their own personal care needs, with some verbal encouragement from staff and staff did not provide hands on care for activities of daily living. Residents laundered their own clothes with some encouragement and verbal support from staff members.

In general, residents did not require any additional equipment or devices for their care and support. For a medical device used to monitor blood sugar levels, there was a written protocol for staff to follow which included infection prevention and control guidance. This was a single person device, and staff understood how to follow the protocol to clean the device and resident's finger correctly prior to each use. There were suitable arrangements in place for general and clinical waste in the designated centre. For example, there was a sharps bin that was clean, securely closed and stored in a locked press and suitable arrangements for the disposal of sharps.

Other items, such as foot spas were identified for individual residents' use. However, there was limited written guidance for staff on how to clean and disinfect these after use.

There was a separate utility room in the designated centre which was well laid out and contained the washing machine, dryer, mop storage area, cleaning products and a sink. There was a colour-coded cleaning system in place and signage to guide staff on this. Mops and brooms were stored off the floor and dried naturally. Some mop-heads required replacement as they had become worn, and the person in charge was arranging this following the inspection.

Residents laundered their own clothes, and there was a low risk of soiled laundry in the designated centre, however, procedures and supplies were not in place, if this were to occur. For example, there were no alginate bags or clear written guidance for residents and staff to follow if they were managing soiled laundry. There were also no formal arrangements or equipment in place for the management of spillages. While the likelihood of spillages of bodily fluids was very low in the designated centre, it was something that could occur, and the guidance for staff was not easily available.

There was sufficient bathroom and shower facilities in the designated centre, with two residents having en-suite shower facilities and a main bathroom upstairs with a bath and separate shower, along with other toilets downstairs. Residents assisted with cleaning their own bedrooms and en-suite areas with support from staff.

The kitchen was kept clean and tidy, and there were colour-coded chopping boards for safer food preparation, cleaning schedules for kitchen equipment and procedures to guide safe food practices, for example, dating opened food products and temperature checking. Staff were provided with training in food hygiene on a periodic basis.

There was a photographic guide for residents to help them to understand how to best care for their pet, including feeding and playing with them. While residents and staff could talk about how they protected themselves from potential infection associated with caring for the animal, this had not been formalised or added into the guiding document, for example, which personal protective equipment or cleaning aids to use while cleaning the litter tray or disposing of animal waste.

Overall, residents were afforded with a homely, clean and safe environment to live, that was minimising the risk of transmitting a healthcare-associated infection. However, as mentioned above, some improvements were required to the guiding policies that would enhance practices in the centre. For example, guidance on the correct cleaning products for specific tasks, further guidance on managing soiled laundry and potential spillages and detailing controls in place to reduce any potential risk, such as animal care.

### Regulation 27: Protection against infection

Overall, the provider, person in charge and staff team demonstrated good practice in relation to infection prevention and control, and were found to be substantially compliant with regulation 27: protection against infection, and had made efforts to implement the National Standards for infection prevention and control in community services (HIQA, 2018).

The person in charge and staff team were promoting residents to take ownership of their home tasks and chores, and the approach to infection prevention and control in this community based designated centre was through engaging residents to take the lead and to learn and understand how to protect themselves from infection risks.

The provider had strong governance structures and management arrangements in place in the designated centre, with clear roles and responsibilities for staff and management. There were lines of escalation and information from staff in the centre to the provider, and frameworks of staff supervision, staff meetings and communication with staff to ensure infection prevention and control was discussed and kept as a feature of conversations.

The provider had hired a sufficient number of staff who had access to appropriate training in relation to COVID-19 infection prevention and control and there were escalation pathways in place to raise concerns or risks and to ensure during out-of-hours staff had appropriate support.

The provider and person in charge had contingency plans in place to manage COVID-19 risks. There were structures in place to consistently review and monitor these risks and adapt control measures in response to changing circumstances or information.

Overall the provider demonstrated that they were protecting residents from the risk

of infection. This inspection found evidence of good practice, but also identified a number of areas for further improvement. These are as follows:

- Widening the focus of training and information for staff beyond COVID-19 and to infection prevention and control in general.
- Detailed overview of specific infection prevention and control risks for this location, and how these are controlled in practice.
- A written and accessible procedure and arrangements for managing and storing soiled laundry, and for handling spillages of bodily fluids - should these occur.
- Clear guidance for staff on specific cleaning products to be used for different purposes, i.e disinfecting, cleaning, decontaminating.
- Ensuring all auditing and checklists were inclusive of all practices carried out to reduce risks, for example, changing of mop-heads, as a way to continuously monitor all practice.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Rosewood OSV-0007932

Inspection ID: MON-0035566

Date of inspection: 19/05/2022

## 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> <ul style="list-style-type: none"> <li>• Hand sanitizing and hand soap in small bathroom adjacent to utility room. Hand sanitizer also placed in utility room. Completed on 20.5.22</li> <li>• Alginate bags now in place in utility room and residents' bedrooms. Clean procedure for handling soiled laundry now in place in utility room and a copy in IPC folder for reference. Completed on 23.05.22</li> <li>• Risk assessment now in place for cleaning food bowls and caring for the cat. Completed on 05.06.22</li> <li>• Toilet roll dispenser is not used by residents and is on Flexmaint to be removed by maintenance. A new stand-alone toilet roll holder was purchased for easier accessibility for residents. Completed by 03.08.22.</li> <li>• Cleaning rota now in place for the shower in main bathroom. This also includes a flushing rota in the event the shower/bath has not been used. Completed on 01.07.22 The removal of dust from shower was discussed in June and July staff meeting. Completed on 19.06.22</li> <li>• Following completion of a 5-day IPC training for 3 staff a general infection control checklist to be used in the designated centre is currently being drafted 31/10/2022. IPC checklist will be included in the provider 6 monthly audit and the yearly Health &amp; Safety audit.</li> <li>• Self-Assessment Tool and the Quality Improvement Tool issued by the Chief Inspector</li> </ul>	

has been updated by CSM. Completed on 28.05.22

- All risk assessment regarding Covid-19 and Isolation Plans have been updated by CSM. Completed on 15.06.22
- Guidelines for cleaning the cleaning of equipment now in place in IPC folder. Completed on 12.06.22
- All mop heads replaced. New coloured buckets also purchased. Completed on 25.05.22
- Spillage and body fluid kits with guidelines now in place on location. Completed on 14.06.22. Staff guidelines in place for the use of same.
- Risk assessment and guidelines now in place for caring for cat. This includes feeding bowls and PPE used. Completed on 01.07.22

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/10/2022