



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

Issued by the Chief Inspector

Name of designated centre:	Moy Services
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	04 February 2022
Centre ID:	OSV-0005637
Fieldwork ID:	MON-0035413

## About the designated centre

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

The centre comprises of two separate houses which are in close proximity to each other and support residents with a primary diagnosis of intellectual disability to live in the community. Residents may also attend the services of mental health professionals and may also have some medical needs. An integrated model of care is provided and residents are supported to be active in their local community. Each house had access to a vehicle, as well as public transport links such as trains, taxis and buses being within easy reach. Each resident had their own bedroom and there is ample communal, kitchen and dining facilities available for residents. A social model of care is provided, with residents being supported by a combination of social care workers and healthcare workers, there are also some nursing hours allocated to the centre to meet residents' assessed needs. At night time, residents in both houses are supported by a night duty staff member.

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

Number of residents on the date of inspection:

3

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
Friday 4 February 2022	09:15hrs to 16:30hrs	Úna McDermott	Lead
Friday 4 February 2022	09:15hrs to 16:30hrs	Christopher Regan-Rushe	Support

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspection was completed over one day and during this time, the inspectors met and spoke with residents and staff. In addition to discussions held, inspectors observed the daily interactions and the lived experiences of residents in this designated centre. One resident invited the inspectors into their room and showed them their personal living space, they also spoke openly about some of the activities they enjoyed doing since moving into the centre.

Moy services comprises of two community homes, located in residential areas, close to a busy town. The property visited by the inspectors was spacious, welcoming and comfortably decorated. There were three separate living areas for residents to use and three en-suite bedrooms were provided. Residents' meals were prepared in the kitchen and there was a utility room for the storage of cleaning products and the laundering of clothing. Inspectors observed residents preparing for their daily activities. One resident had an outing that morning and another had an appointment in the afternoon. The third resident had left to attend their day service.

On arrival at the designated centre, inspectors found that the provider had implemented procedures to prevent and manage the risks associated with COVID-19. These included hand sanitisers provided at the point of entry, a system of temperature checks and a recording process which ensured that relevant details of those that entered the centre were documented, in line with prevailing public health guidance. An arrangement was in place to ensure that sanitised and un-sanitised pens, used for signing the visitor's book, were kept separate. A box of medical grade masks was on the hall table and a pedal bin was provided where used face masks could be appropriately disposed.

Inspectors noted that suitable facilities for hand hygiene were available throughout the centre. These included a number of hand washing sinks, with soap, paper towels and pedal operated bins provided. Hand sanitiser was available at entrances, in the kitchen, on the landing and in the resident's transport provided at the centre. Staff were observed to be practicing good hand hygiene at appropriate intervals, throughout the day, using the recommended techniques. Face masks were worn by those on duty and these were noted to be medical grade masks. Sufficient supplies of personal protective equipment (PPE) was available in the centre, including gloves, aprons, face shields and both medical grade and FFP2 masks. In addition, inspectors, noted that there was a pre-made supply of outbreak management kits was available for use if required. These included a full set of PPE within a single re-sealable bag and separate gowns and protective outer wear which could be used in the event of an outbreak.

Residents spoken with were aware of the risks associated with the COVID-19 pandemic. Signage in the centre was minimal, however; there was an easy-to-read

poster displayed in the kitchen which explained the actions required to avoid infection transmission. A resident showed the inspector their individual hand sanitiser and told the inspector that they needed to wear their mask when they went to their appointment. Furthermore, they were aware of the importance of vaccination and spoke to the inspector about his.

There were two staff on duty in this designated centre on the morning of inspection. Staff had overall responsibility for ensuring that the routine cleaning tasks required were completed and residents assisted with this. Inspectors found that there were a range of products available for cleaning and disinfection, along with a system of colour coded cloths, mops and buckets. Staff spoken with were aware of the procedures to follow depending on the cleaning or disinfecting required. They were also aware of how to reduce the risks associated with contaminated laundry and contaminated waste.

Overall, inspectors found that the arrangements were in place which ensured that residents were being kept safe from the risks associated with an infection outbreak in the centre. However, inspectors noted areas that required attention and which would improve the quality and safety of the service provided. The next two sections of this report will expand upon the findings of this inspection.

## Capacity and capability

The provider had processes and systems in place to assist with the delivery of a good quality and safe service. These included policies and procedures to prevent and control the spread of infection. A risk register was in place and, where a risk was identified, an assessment was developed to control the risk to the service users, staff or service. Audit tools were used to check for adherence to the organisational policy and the control measures mentioned above. However, improvements were required in the oversight of these arrangements, to ensure that they were fit for purpose, reviewed regularly and in line with up-to-date public health guidance.

Good governance arrangements and reporting relationships were in place in this designated centre. The person in charge was present on the day of inspection and they were aware of their overall responsibility for infection and prevention oversight. They also acted as the Lead Worker Representative under the COVID-19 Return to Work Safely Protocol (Health and Safety Authority, 2020). They told the inspector that issues previously experienced in relation to staff replacement were resolved and that having a core staff team assisted with the provision of consistent IPC measures. Inspectors noted that there was an adequate number of staff members on duty on the day of inspection. On call cover arrangements were in place if required.

Staff had access to training as part of a continuous professional development programme and this included access to a range of IPC training modules. For

example, infection prevention and control training, training on hand hygiene, use of personal protective equipment and COVID-19 outbreak management. Staff spoken with were aware of the risks posed by different healthcare associated infections, as well as understanding the risks associated with COVID-19. They had a good understanding of how to put an isolation plan in place if an outbreak occurred, of how to use PPE and how to manage risk laundry and risk waste effectively.

A review of the documentation maintained in the centre demonstrated that the annual review and the twice per year provider led audits were being completed in accordance with the regulations. The provider had a range of policies available in relation to the prevention and control of infection. However, these required review to ensure effectiveness. For example, there was a site specific infection prevention and control policy that provided guidance on use of gloves. Inspectors found that the use of gloves in the centre was not in line with the organisational policy. In relation to COVID-19, inspectors found a range of policies, procedures and guidelines were in use. These included a site specific emergency plan and an outbreak management plan. Should an outbreak occur, the inclusion of guidance on the location of PPE donning and doffing stations would enhance the safety of the service provided.

Arrangements were in place to identify risks relating to COVID-19 and to manage and control these. There was a site specific COVID-19 risk assessment available which was comprehensive. However, it required review to ensure that it was up to date and consistent with current public health advice. There was a comprehensive list of IPC audit tools in use in this designated centre. These included health and safety audits, cleaning audits for the centre and the transport, a legionnaire's disease checklist and a sepsis audit tool. The IPC self-assessment tool was up to date. In the main, inspectors found that the tools and checklists were used appropriately. However, some cleaning audits required review as inspectors found that they did not adequately identify all areas of the centre that required cleaning. These included high traffic areas in the hallway and frequently used touch points along the staircase.

The next section of this report explores how the governance and oversight arrangements outlined above affects the quality and safety of the service being provided.

## Quality and safety

This centre was found to be well presented and there were adequate infection prevention and control practices in place. Residents were found to be involved in discussions about IPC and had good information provided to support their understanding of the risk of infection. Effective care plans were in place to support residents and to minimise their risk of acquiring an infection while living in their home or while in the community. However, improvements were required in some

areas with regard to cleaning processes, storage of outdoor clothing, stock control and waste provision arrangements.

Staff spoken with on the day of inspection were aware of the importance of regular cleaning and, where required, disinfection procedures. They spoke about the checklists they used for monitoring for any healthcare associated infections, including COVID-19. They were aware of the difference between routine cleaning and enhanced cleaning and had a good understanding of the procedures to use in relation to non-risk and risk waste disposal. They were found to have good knowledge of how to ensure that clothing and linens were laundered effectively and in line with good practice.

Inspectors found a range of cleaning products available which were sourced from the local supermarket. Information sheets were maintained for most of the products used, however some required updating. These described how to correctly use the product and what to do in the event of a spillage, a splash or ingestion. A spill kit was available for use in the centre when enhanced cleaning was required. The inspector noted that some of the items in the kit had expired and required replacement.

The premises provided was in a good state of repair. It was generally neat and tidy and the hard and soft furnishings were clean. However, on examination, inspectors found that the cleaning of touch points along the banisters and the staircase required improvement. Yellow highlight tape was in use throughout the centre. This provided support to a resident with a visual impairment. Inspectors found that this appeared to be a porous product and its use required review to ensure that it could be cleaned effectively.

The kitchen was well-presented, however; inspectors observed that the filters used on the extractor fan required cleaning and replacement. There was a small bin with a hand operated lid used for disposing of tea bags and other domestic waste stored on the kitchen counter top. The risks of this procedure were discussed with the provider on the day of the inspection and the provider made alternative arrangements for the disposal of this waste. The kitchen cupboards were clean, however; in some areas, the surface covering on the doors was peeling away this meant that the kitchen cupboards could not be effectively cleaned.

Domestic waste bins were provided at the entrance to the centre, in the utility room and in the upstairs office. Foot operated bins were provided in the bathrooms, however; there was no arrangement for the disposal of sanitary wear in the staff bathroom. Furthermore, the shower in the staff bathroom required cleaning and there was evidence of mould build up along the tiles and in the corner areas.

The utility room was used to launder clothing and linen on site and for the storage of cleaning equipment. It was generally clean with hand hygiene posters on display. Colour coded mops and buckets were provided although arrangements for the storage of mop heads required improvement. Inspectors saw an adequate and organised supply of cleaning wipes but found that outdoor clothing and bags were stored in the same area as the equipment used for cleaning and clinical intervention.



Furthermore, enhanced measures were required to ensure that the stock stored in the utility room and in the first aid bags was correctly controlled. For example, that hand sanitisers were rotated correctly, used when in date and disposed of when not. Also, that the checklist for first aid supplies included a date check to ensure items were usable.

Inspectors reviewed the information available for residents and visitors to the centre in relation to the pandemic. While public health messages and signage was in place, this was discreet as staff felt that it may affect the homely environment provided. A review of residents' documentation demonstrated that of a range of information sheets and easy-to-read care plans had been developed to support residents become familiar with public health measures, alongside good evidence of residents' involvement in their care and support planning. Residents' meetings and individual keyworker meetings were taking place. There was evidence in the notes of these meetings of discussions between residents and staff about good hand hygiene and social distancing. For example, one resident had an additional social story on hand hygiene developed for their use.

Each resident had a person centred COVID-19 support plan in place. These plans explained why they may have to isolate and why staff would wear PPE. Each resident had a HSE Health Passport on file which contained their personal information if a hospital admission was required. Also, vaccine information was available in picture based format and this included steps that could be used to assist a resident with making decisions about their vaccine and a checklist for the resident to complete. Some additional measures were required in relation to intimate care plans and hygiene measures relating to menstruation which would further enhance the safety of the service provided.

## Regulation 27: Protection against infection

The provider had generally ensured that there were procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points, posters on display around the designated centre and a number of staff training courses were provided.

In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control audits, risk assessments and ongoing discussion with residents. There was a COVID-19 management plan in place which provided site specific guidance on the actions to take in the event of an outbreak. This designated centre was clean and in a good state of repair.

However; improvements were required to the provider's oversight of arrangements, to ensure that they were fit for purpose, reviewed regularly and in line with up-to-date public health guidance. In addition, a review of the arrangements in place with regard to cleaning processes, storage of outdoor clothing, stock control and

domestic waste arrangements would enhance the standard of the service provided.

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 Moy Services OSV-0005637

Inspection ID: MON-0035413

Date of inspection: 04/02/2022

## 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>Since the 4th February 2022 the following has been put in place</p> <ul style="list-style-type: none"> <li>• Risk assessment in relation to COVID-19 has been reviewed, updated and are consistent with current public health advise.</li> <li>• The cleaning schedule has been updated to include more detailed specific cleaning areas including high traffic areas and frequently used touch points.</li> </ul> <p>The Extractor fan in the kitchen has also been added to the cleaning schedule.</p> <ul style="list-style-type: none"> <li>• All cleaning products used now have a corresponding safety data sheet.</li> <li>• The yellow highlight tape in use is being replaced by wipeable paint, Quotation approved awaiting start date from painter.</li> <li>• Staff have made contact with the kitchen company who supplied the kitchen to source replacement door for the two damaged doors. As the kitchen was originally installed in 2017 we are awaiting a response to see if they can source the original colour doors.</li> <li>• Maintenance department have completed the work needed in the staff bathroom removal of mirror, grouting of the tiles where needed and the shower in this room has been added to the cleaning schedule.</li> <li>• Maintenance dept. requested to adapt cupboard in utility for the storage of the mop heads.</li> <li>• Maintenance request for clothes rail in office for staff coats and personal belongings.</li> <li>• Small plastic bags have been placed in the staff bathroom for the disposal of sanitary wear as well as the pedal bin already in place.</li> <li>• A stock control sheet has been devised for the ordering of PPE and Hand sanitizer and new stock is to be placed at the back of the cupboard pulling older stock forward for stock rotation purposes.</li> <li>• An addendum has been made to the monthly first aid audit tool so that expiry dates are checked and if anything is nearing the expiration date a note is left in the diary to order replacement.</li> <li>• New spill kit ordered and is on site. Expiry date of same is recorded in house diary.</li> </ul>	

- The Facility Preparation plan for MCL is now complimented by a site specific Covid 19 contingency plan for Brusna Court
- The Care plan around menstruation for one of the residents has been updated and staff have revisited the easy read around hand hygiene and a step by step prompt sheet (which has been successful when used in other areas e.g. getting dressed, shower time) around menstrual hygiene is being developed to support this resident.

## 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	31/03/2022