



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

Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	Resilience Healthcare Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	15 March 2022
Centre ID:	OSV-0005734
Fieldwork ID:	MON-0036314

About the designated centre

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

The Meadows is a two storey-house located in a rural area but within short driving distance to a nearby town. The centre can provide a full-time residential service or shared for up to four residents of both genders between the ages of 18 and 65 with Autism, intellectual disabilities and physical/sensory needs. Support to the residents is provided by the person in charge, a team leader and social care support staff. Each resident has their own bedroom with one resident having their own individual apartment within the layout of the house. Other rooms in the centre include bathrooms, sitting rooms and kitchen areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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 March 2022	10:30hrs to 18:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents were seen to be treated respectfully and provided with a premises that was generally clean, well-maintained and homelike. While some signage related to infection prevention and control was seen to be on display, some areas were observed where this could be improved. Supplies of cleaning products, personal protective equipment (PPE) and hand gel were readily available but some expired items were seen while aspects of the wearing of facemasks needed improvement.

This inspection was focused on the area of infection prevention and control and on arrival at the centre, the inspector went to the front door. After knocking the door was opened by a staff member who was incorrectly wearing a surgical facemask. As the inspector introduced himself, the staff member readjusted their facemask. No hand gel was immediately present at the front door as the inspector entered but the staff member produced a bottle hand sanitiser from a drawer. It was noted that this bottle had an expiry date on it of May 2021 so the inspector used his own hand sanitiser. The staff member then directed the inspector to sign into a visitors' log. Another staff member then arrived and went through a COVID-19 questionnaire with the inspector. Neither of these staff requested the inspector to take his temperature upon entering and this was only done after the inspector highlighted this during an introduction meeting for the inspection.

After this meeting, the inspector proceeded to do a walk through of the premises provided for residents to live in. Four residents lived in this centre, two of whom were present at the start of inspection. The inspector met both of these residents during the early part of this inspection, neither of whom engaged with the inspector. The other two residents were initially away from the centre attending day services or school. In general it was observed that the premises was well maintained and presented in a homelike manner. For example, the entrance hall had a colourful mural on one wall which incorporated photographs of the residents. It was also seen that efforts had been made to provide each resident with their own personalised area within the premises where they could relax. The premises itself was observed to be largely clean with cleaning seen to be carried out by staff members present during the early of the inspection.

However, during the initial walk through the inspector did note some parts of the premises that needed further cleaning such as some doors, the sink/drainage board in the utility room and some fixtures in the staff bathroom. The bathrooms used by residents were noted to be clean. The majority of bins present in the premises were foot pedal operated bins although some were initially seen not to have bin liners present in them (later on in the inspection some of these bins were seen to have had bin liners inserted). On display throughout the premises were signs highlighting particular coloured coded cleaning equipment that was to be used in different areas of the house. For example, green cleaning products were to be used in kitchen areas only and staff were seen to use green cleaning cloths in such areas. Some colour coded cleaning items such as mop buckets and brushes were stored in a

designated storage area. When reviewing this storage the inspector noted a dustpan present that was visibility dirty. This was highlighted to the person in charge who removed it immediately.

Other colour coded cleaning equipment was found to be neatly stored in the utility room. In this room it was also seen that there was facilities for washing and drying clothes, other cleaning supplies, multiple bottles of hand sanitiser and signage related to hand hygiene. During the inspection it was indicated that upon his arrival, the inspector should have been directed by staff to enter the centre via the utility room rather than through the front door. No signage was seen to be on display anywhere in the centre, internally or externally, directing any visitor to enter the centre via the utility room. Other relevant signage related to infection prevention and control was seen to be present in the centre with such signage covering areas such as COVID-19 and mask wearing although it was noted that there no hand hygiene signage present at the front door area.

As mentioned earlier the one bottle hand at the front door area had expired. This was highlighted to the person in charge who removed this bottle which resulted in no bottle of hand hygiene being present in this area towards the end of inspection. Both before and after this bottle had been removed, multiple staff were seen to enter and exit the centre via the front door with none observed to perform hand hygiene at such times. Multiple hand washing facilities and bottles hand sanitiser were available in the centre. The vast majority of these bottles were found to be in date although the inspector did observe one further bottle present in a kitchen area that also had an expiry date of May 2021. Again this was highlighted to the person in charge who removed this. Stocks of PPE, such as facemasks and gloves, were present in the centre which were in date generally although when reviewing the contents of a first aid kit in the centre, the inspector noted that it contained some gloves which had an expiry date of May 2021.

Aside from the staff member seen wearing a surgical facemask at the start of the inspection, the only facemasks that staff were seen to use during this inspection were respirator facemasks. In line with relevant national guidance, such masks should be worn for all resident care activities. While some staff were seen to wear these respirator facemasks correctly, it was observed that some staff were not wearing them fully in accordance with recommended practice. In addition, towards the end of this inspection the inspector observed a resident returning to the centre from a drive in one of the centre's vehicles with the vehicle being driven by a staff member who was not wearing any facemask. Once the vehicle had stopped the staff member put on a respirator facemask. The staff member and the resident were the only people in this vehicle at the time and while it was suggested that they had been two meters apart at the time of the inspector's observation, it was acknowledged by the person in charge that the staff member should have been wearing a facemask.

Some residents used this vehicle to come and go from the centre during this inspection. Towards the end of the inspection, the two residents who had not been present initially returned to the centre. These two residents were met by the inspector. One did not engage with the inspector while the other greeted the

inspector. While the inspector was in the presence of this latter resident, it was seen how staff present supported the resident to make a plan for the things that they wanted to do for the coming days. For example, the resident was asked where they wanted to eat, what St Patrick's parade they wanted to attend and what film they wanted to see in the cinema. To support the resident with this the person in charge printed off a list of film listings for the resident which the resident then used to pick the film they wanted to see. In addition to this, it was seen that throughout the inspection staff members present engaged with residents in a pleasant and respectful manner.

In summary, the premises provided for residents to live in was generally found to be clean, well-maintained and homelike. Aspects of the signage related to infection prevention and control could be improved upon along with the wearing of facemasks. Supplies such as PPE and hand gel were available and generally in-date but some were found to have expired at the time of inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Systems were in operation to provide staff members with relevant information for infection prevention and control. It was noted though that some refresher training was required while aspects of the monitoring of this centre required improvement.

This designated centre was previously inspected by HIQA in January 2021 where it was found that residents received a good quality of service but that some restrictions in place were impacting the rights of residents. In their compliance plan response, the provider indicated that premises work would be completed by end of June 2021 to address such concerns. On foot on this response, the centre had its registration renewed until March 2024. Confirmation was subsequently received in June 2021 that premises works had been completed which involved the size of the centre being increased and the creation of an individual apartment for one resident with the provider successfully varying a condition of the centre's registration to reflect this. Towards the end of 2021 the provider further varied its registration conditions to reflect a change in the age profile of residents being supported. The current inspection was focused on the 2018 National Standards for infection prevention and control in community services in line with a programme of inspection commenced by HIQA in this area in October 2021.

Under the regulations providers must ensure that infection prevention and control practices and procedures within designated centres are consistent with these standards which cover areas such as staffing, monitoring of such practices by the provider and the leadership, governance and management of the centre. It was

seen that the provider had an infection and prevention control policy which is important to provide guidance on the practices to be followed in this area. This policy was last reviewed in April 2021 and covered relevant areas such as standard precautions, linen management and responsibilities. It was noted though that policy did not reference the 2018 national standards but did reference the 2009 Quality Standards for Residential Care Settings for Older People in Ireland. These 2009 standards had been revoked and replaced by HIQA in 2016. The inspector was informed by the person in charge that the provider's infection and prevention control policy was under review at the time of this inspection.

The provider's policy, which was supplemented by some local guidance and procedures, provided for regular auditing of the infection prevention and control practices. It found that relevant audits in areas such as environmental hygiene and hand hygiene were being carried out regularly while self-assessments related to infection prevention and control had been carried out regularly since the January 2021 HIQA inspection. However, aspects of the monitoring systems in operation did require some improvement to ensure that all issues were identified and reviewed promptly. For example, a review of a recent COVID-19 outbreak impacting the centre had not taken place. In addition, it was also noted that the provider had not carried out its own six monthly provider unannounced visit to the centre since May 2021. Such a visit could have been used by the provider to review matters related to infection prevention and control amongst others.

While this was an area in need of improvement, the provider had established an on-call system for staff to raise any relevant concerns to and receive support from outside of normal working hours if required. Staff members spoken with were aware of this with such staff generally demonstrating a good awareness of relevant matters such as cleaning products to use and symptoms of COVID-19 to look out for. Records reviewed also indicated that some staff had participated in COVID-19 drills and undergone relevant training in infection prevention and control which covered areas such as hand hygiene and PPE. It was noted though that the provider's policy provided for such training to be done annually but some staff had not undergone such training since 2020. In addition, as mentioned earlier, the wearing of facemasks by some staff was observed to need some improvement during this inspection while it was also seen that some staff's hands and wrists were not free from items such as jewellery and watches. Best practice around hand hygiene suggests that these not be worn. Such observations suggested that refresher training in these areas was required for some staff.

It was noted though that systems were in operation to provide staff members with relevant information and updates related to COVID-19 and infection prevention and control. For example, it was seen that such matters were indicated as being discussed at team meetings while a specific COVID-19 folder was kept in the staff office. The inspector reviewed this folder and noted that it contained the most up-to-date national guidance related to COVID-19. Such findings provided assurance that relevant information was being provided and was readily available to staff members if required. This was in keeping with the 2018 national standards. While this was positive, during this inspection it was noted that there occasions where some staff shifts had not been filled. The inspector was informed that recruitment

was ongoing at the time of this inspection while the COVID-19 surge capacity plan for this centre outlined the measures in place to ensure that adequate staffing levels were maintained in the designated centre in the event of a COVID-19 outbreak taking place.

Quality and safety

The designated centre was generally seen to be clean but some of the cleaning records in use required review. While good practice was found to be being followed in some other areas, it was noted that there was inconsistencies in the arrangements around the management of visitors and temperature monitoring.

As highlighted earlier, while some areas were seen to require cleaning, large parts of the centre were found to be clean. It was seen that the provider had a clear system in place for assigning responsibility for the cleaning of different parts of the centre and any assigned vehicles. Records were also in place indicating that cleaning was carried out a daily basis. It was noted though that such records did not completely reflect the level of cleaning that was indicated to the inspector as being carried out. For example, some staff indicated that cleaning of commonly touched items, such as door handles and lights switches, was carried out hourly. While records provided suggested such cleaning was done daily, these records did not indicate how often it took place nor what exactly was cleaned. It was also indicated that the vehicles used by the centre had a deep clean every day and were wiped down after each use. However, in a weekly cleaning checklist that was used in the centre, reference to cleaning these vehicles was only included for four days and not the remaining three days of the week.

Cleaning was one of the control measures that had been highlighted by risk assessments completed related to infection prevention and control and COVID-19 generally. The inspector reviewed such risk assessments and noted that they related to both the centre overall and individual residents while it was found that they had been recently reviewed. While various relevant risk assessments were in place and documented, it was noted though that certain relevant areas had not been risk assessed. For examples, based on observations of the inspector the use of respirator face masks by some staff required risk assessment given specific recommended practice around their use. In addition, at the outset of inspection the inspector was informed that some visitors to the centre would refuse to have their temperatures taken but that this had not been risk assessed.

A general risk assessment around visiting in the context of COVID-19 was in place. Identified control measures in this assessment included all visitors checking their temperatures, completing COVID-19 questionnaires and signing in for contact tracing purpose. As highlighted earlier, upon the inspector's arrival at the centre he was not requested to check his temperature. In addition, when reviewing the visitors' log against completed COVID-19 questionnaire, it was noted that some of

those who signed into the visitors' log did not have a corresponding COVID-19 questionnaire and vice versa. While such instances were in the minority such findings did not provide assurances that the control measures as outlined in the centre's visiting risk assessment were being consistently implemented. It was also noted that the majority of visitors in 2022 had not signed out using the visiting logs which could negatively impact the accuracy of contact tracing. However, it was noted that a separate log was being kept for maintenance contractors who consistently signed in and out of that log in 2022.

While the management of visiting to the centre was an area in need of improvement, from reviewing the paperwork available and speaking with staff members, residents living in this centre had been facilitated to receive visitors to the designated centre. Efforts had also been made to provide residents with relevant information related to infection prevention and control. For example, it was seen that easy-to-read information was available for residents, meetings had been held with residents to discuss COVID-19 and hand hygiene was also done with residents regularly. Given the ongoing COVID-19 pandemic it was noted that in recent months there had been twice daily monitoring of residents' temperature in line with national guidance although from the records provided this had only commenced in November 2021.

This was also the case for staff members whose temperatures were being checked twice daily in recent months. The inspector was informed that the twice daily recording of resident and staff temperatures commenced in November 2021 after HIQA findings in another of the provider's designated centres elsewhere in the country. While the records provided for recent months generally indicated that this was now being consistently done twice daily in 2022, the inspector did note three consecutive days in January 2022 where residents' temperatures were not recorded as having been checked. In addition when comparing the records of staff temperature checks versus actual staff rosters that were maintained in the centre, it was observed that there were some days where not all staff who worked in the centre were indicating as checking their temperature while on shift. Such findings also indicated some inconsistencies in this area.

Regulation 27: Protection against infection

While overall infection prevention and control measures, systems and structures were in place and operational, this inspection did highlight some areas that needed improvement such as;

- Signage to direct visitors to the centre to enter via a specific point was not in place nor was any hand hygiene signage present at the front door area
- Some out-of-date products such as the only bottle of hand sanitiser seen at the front door area were noted during the inspection
- Based on observations of the inspector and the provider's own infection prevention and control policy, refresher training was required for staff

member in areas such the use of facemasks and hand hygiene

- Aspects of the provider's monitoring systems in operation required improvement
- Some areas of the premises were seen that required cleaning such as the staff bathroom, some doors and the utility room's sink/drainage board
- The cleaning records provided did not reflect all of the cleaning that the inspector was informed was being carried out
- Some relevant areas related to COVID-19 and infection prevention and control had not been risk assessed
- Some inconsistencies were found relating to the management of visiting and the temperature checking for both staff and residents

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 The Meadows OSV-0005734

Inspection ID: MON-0036314

Date of inspection: 15/03/2022

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>Compliance plan is complete regarding recent inspection and actions.</p> <ul style="list-style-type: none"> • Signage in place to direct visitors to entry point. New signage in place to highlight entry point at rear of house and hand washing station. Hand hygiene signage in place at the front entrance. Hand sanitizer available at front entrance. • All PPE checked and all out of date PPE disposed of. • IPC policy has been updated and circulated across the organization. • Risk assessments complete regarding the correct use of FFP2’s and any special circumstances regarding correct usage. • New sink and shower tray ordered. Quotes obtained and awaiting timeframe for painting works to be complete in the service including all doors. • Cleaning records have been reviewed by Health and Safety Coordinator to include all areas daily and a weekly deep clean. The cleaning records will reflect all cleaning being completed daily including vehicle cleans. All staff have been briefed on same. • Closer monitoring of temperature checking for visitors, staff and service users is in place and will be governed closely by the management team at the service. 	

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	30/06/2022