



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

## Issued by the Chief Inspector

Name of designated centre:	Kinnegad Centre
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	08 June 2023
Centre ID:	OSV-0005824
Fieldwork ID:	MON-0040340

## About the designated centre

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

Kinnegad Centre is a dormer bungalow located approximately 2km from the local town. Kinnegad Centre is a full time community house which is based on a social model of support. The building design is currently suitable for individuals with high support needs and can accommodate four individuals. There are five bedrooms, four downstairs and one upstairs. The bedroom upstairs is used as a staff sleepover room. There is a large entrance hall and wide corridors. There is an open plan kitchen and dining, a utility, and a sitting room. To the rear of the house is a large fenced garden with patio area and a lawn area to the front of the house. All entrances are wheelchair accessible. Services are provided from the designated centre to both male and female adults. 24 hour support is provided by staff.

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

Number of residents on the date of inspection:	4
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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 8 June 2023	10:20hrs to 18:20hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the *National Standards for Infection Prevention and Control in Community Services* (2018) (the national standards) and the associated regulation (Regulation 27: Protection against infection).

The inspector observed there were improvements since the last IPC inspection of this service and that there were some good IPC practices and arrangements in place. However, further improvements were required in order to fully comply with the standards and Regulation 27: Protection against infection. Improvements related to IPC audits, staff team and residents' meetings, symptom observations, cleaning and cleaning equipment. These identified issues will be discussed further in the report.

On arrival at the centre, the inspector observed the IPC practices that were in place. For example, visitors were to sign a visitors' book and hand sanitiser was located in the hallway.

The inspector observed the centre staff were no longer using face masks throughout the course of their daily shifts since public health guidance was updated. The staff member on duty that welcomed the inspector confirmed that there was no requirement for face mask use within the centre.

The inspector met and spoke with four of the staff members who were on duty throughout the course of the inspection. The person in charge was on leave at the time of the inspection. The inspection was facilitated by a person in charge from another centre with support from the area director.

The inspector had the opportunity to meet with all four residents that lived in the centre. On the day of the inspection, one resident went clothes shopping, another had plans to go for a walk along a canal and the third resident watched some television while completing jigsaws and some bead work. The fourth resident attended an external day service programme. Upon their return they told the inspector that they had a nice day. They told the inspector of the importance of keeping your hands clean and that staff members supported them with this.

The inspector completed a walk around of the centre. The centre had a large back garden which contained a seating area and lots of potted flowers. Each resident had their own bedroom which had sufficient storage facilities for their belongings and there was a shared bathroom and two residents had en-suite facilities.

There were suitable arrangements in place to support hand hygiene, for example, hand sanitiser was available in convenient locations throughout the house. The centre was clean and tidy in most areas, however, the inspector observed, some

areas that required a deeper clean, some areas required more appropriate storing away of items and some areas required repainting. These areas will be discussed further in the report.

At the time of this inspection, there were no complaints in the centre for 2022 or 2023 to date. The centre had received some compliments as to how well a resident looked and thanked staff for their help. There had been one recent admission to the centre and the resident appeared to have settled well. A staff member confirmed that there were no restrictions in place for visiting the centre.

Residents were supported during the COVID-19 pandemic to undertake safe recreational activities, for example, potting plants, arts and crafts and online shopping. Since government restrictions were lifted, residents had been supported to participate in activities of interest to them. For example, residents were now back shopping in store, going swimming, going out for coffee and going out for dinner.

Residents' rights were seen to be promoted with a range of easy-to-read documents, posters and information supplied to them in a suitable format regarding COVID-19 and IPC information, for example, on vaccinations, sneezing and coughing and hand washing. Residents were supported to receive the COVID-19 and flu vaccines. Staff members completed weekly meetings with residents and some meetings included information on IPC although not very regularly. It was also not clear as to the extent of the information provided to residents. For example, there was no evidence to show if they had been informed when mask wearing was no longer required by staff on their daily shifts.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

## Capacity and capability

This inspection was undertaken to follow up on the assurances submitted in the provider's compliance plan after the last IPC inspection of this centre in May 2022, as a result of the centre receiving a not-compliant from the inspection. In general on the day of this inspection, the inspector found the governance and management arrangements were for the most part effective in assessing, monitoring and responding to infection control risks. However, some improvement was required to IPC auditing and team meeting discussions.

The provider had a recently reviewed overarching IPC policy and in addition, had associated policies and guidance in place to guide staff.

There were arrangements in place for an annual review and six-monthly provider-led visits to be conducted in order to monitor compliance levels in the centre. The findings of the annual review and the two most recent provider-led visit reports

were reviewed by the inspector with the most recent provider-led visit occurring in May 2023. COVID-19 was reviewed at both provider visits and the COVID-19 pandemic impact on staff training was discussed in the annual review. The centre had received an IPC only audit in June 2022 by a person external to the centre, however, the auditor did not have any additional training in order to complete the audit. The most recent six-monthly audit was completed by the centre's IPC champion, however, this was not in line with the best practice guidelines set out in the provider's own policy which recommended that the auditor should be external to the centre.

The person in charge was the appointed IPC lead in the centre and they had completed a self-assessment tool against the centre's current IPC practices. There was a nominated staff member identified in the centre responsible for IPC and they had received additional training for the role. In addition, another nurse was also undergoing additional training in order to become a joint IPC nominated staff member within the centre. The nominated staff completed monthly checks and audits in this area. However, some audits were ticking off information as applicable when some practices were no longer in place, for example, that staff were still wearing masks when they were not at the time of the audit. In addition, audits did not pick up on many of the issues identified by the inspector. Therefore, the inspector was not assured as to the robustness of the auditing in place.

The IPC staff champion had completed some hand hygiene observations with some staff. However, at the time of this inspection staff members were yet to receive hand hygiene competency assessments by an appropriately trained person. However, the organisation had a plan in place to have all nominated IPC champions in each centre to be trained to undertake hand hygiene competencies by September 2023. Following the training those staff would then complete hand hygiene competencies with staff members in the centres they worked in.

The centre had an outbreak management plan and associated isolation plans in place, which outlined the steps to be taken in the event of a suspected or confirmed outbreak of a notifiable illness. A staff member spoken with outlined the procedures to follow in the event of an outbreak of an infectious illness in the centre.

The person in charge ensured there were a number of risk assessments conducted with regard to IPC and control measures listed and they were all reviewed in January 2023. In addition, the person in charge had ensured that staff had access to up-to-date public health information.

The staff team had regular team meetings and IPC was discussed in the majority of the meetings. However, it was not evident if team meetings were being used to discuss changes to national guidance and other applicable information as the minutes of a lot of meetings were found to have duplicate information being provided. Therefore, this did not assure the inspector as to the meaningfulness of the meetings and discussion points in relation to this topic.

The centre had sufficient staff in place to meet the assessed needs of the residents and there was a staffing contingency plan available if required. Staff members were

responsible for daily housekeeping and environmental hygiene. There were adequate staff employed in the centre to ensure the centre could be cleaned and maintained on a daily basis.

The provider had ensured that the staff team had access to a range of training to facilitate them in their role in preventing a healthcare related infectious illness within the centre. For example, staff had completed training in hand hygiene and personal protective equipment (PPE). It was not evident at the time if all staff members had all of their required training completed, however, the area director confirmed to the inspector in the days after the inspection that all training was now in date for all staff with certification present.

## Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. However, some improvements were required with regard to symptom observations, a resident's equipment protocol, cleaning, usage of cleaning equipment and its storage, and cleaning checklists.

Each resident had a hospital passport document that communicated their needs in the case they needed to attend the hospital. The passports contained good detail along with some additional information documents as to what supports a person required around IPC measures if required. Staff members spoken with were familiar regarding residents' assessed needs. There was a protocol in place for cleaning the nebuliser machine that was used for one resident when required. However, there were two different protocols on file and there was some conflicting information across the two. In addition, it was not evident from the protocol how often to replace some parts, such as the mask.

From speaking with staff members and reviewing documentation residents had timely access to allied healthcare professionals as required. In addition, there was daily nursing support available for the centre.

There were systems in place to promote good hand hygiene, for example, disposable towels, warm water and soap for hand washing were available in the centre. In addition, since the last inspection, hand sanitising gel was available in several convenient locations throughout the centre and were all found to be in working order.

The centre had sufficient stocks of PPE in case required and the IPC champion completed periodic PPE stock checks.

The inspector was informed that there was no system in place where staff were

monitoring and recording symptoms for themselves or residents which may help to identify early symptoms of infectious illnesses.

A staff member spoken with was aware of the waste management practices in place in the centre. For example, they knew to use clinical waste bags, where they were stored and where to dispose of them in the case of a confirmed infectious illness. The centre had a utility room where staff completed laundry using a domestic washing machine. Two staff members communicated with demonstrated that they were aware of how to deal with a bodily fluid spillage and how to launder contaminated items. For example, to use the centre's spill kit, what temperatures were required for washing and to use water-soluble laundry bags for the laundering of contaminated garments.

The inspector completed a walk-through of the premises. It was found to be generally clean and tidy, however, some areas required a more thorough clean and some areas required decluttering. For example, some residents' equipment required further cleaning as residue or debris was observed on them, such as a resident's chair stored in the hall or some support mats in a resident's bedroom. Some basins used to store dirty cloth items were stacked into one another without being cleaned and left in the hand washing sink in the utility room. Some slight mildew was also observed around some of the sitting room window. There were no pillow protectors on some pillows and one pillow was observed to have some stains. Some areas required that boxes and other items to be tidied and stored away, for example, some boxes were stored in the corner of the sitting room. In addition, some gaps were observed in the cleaning checklist which documented what cleaning was completed in the centre, for example, the cleaning of bedrooms. Furthermore, the person in charge was signing off on the cleaning checklists. However, nothing appeared to be done regarding gaps on checklists from these oversight checks and no gaps were recorded as being identified by the person in charge.

Furthermore, some areas required repair to ensure they were conducive for cleaning. For example, one windowsill, some walls and door frames required areas filled and or repainted. The inspector was assured that the areas were planned for repair and repaint in the coming months. The plan was for the residents to go on a holiday while the works were being completed.

There was a colour-coded system in place for cleaning the centre to minimise cross contamination and guidance was prominently displayed for staff. For example, colour-coded cloths, mop heads and buckets were used to clean specific areas. However, staff spoken with were not familiar as to each colour to be used for each area. In addition, the inspector observed that one bucket used to clean the centre was observed to be stored outside with water left in it and the mop handle propped against the wall with part of it resting on the ground. Additionally, the inspector observed that all the colour coded tags were still accounted for on the back of the flat mop heads and that the non-applicable colours were not removed. This was required in order to demonstrate what area they were to be used for which would appropriately guide staff.

IPC information and learning from outbreaks from other centres was discussed at

IPC management quarterly meetings between the area directors and the IPC clinical nurse for the organisation. The most recent meeting occurred in May 2023. Information from these meetings was communicated to centre managers for additional learning opportunities.

## Regulation 27: Protection against infection

There were some good arrangements in place to manage infection control risks and some good practices identified. However, further improvement was required in some areas to ensure full adherence to national standards and regulations.

Areas requiring improvement included:

- gaps were observed in the centre's cleaning checklist and while the person in charge was signing off on the checklists it was not evident if this was purposeful as nothing appeared to come about from this oversight
- improvements were required to ensure all surfaces and items were clean, for example, some equipment used to support residents had debris or residue on them, such as the hoist control in the bathroom had residue on it and some dead flies were observed on some windowsills
- the storage of mops and buckets required review and to ensure staff members' awareness and adherence to the colour coded system in place
- to ensure audits completed contained accurate information in order to assure that they were not used as tick box exercises. In addition, to ensure that audits were robust and that an appropriately trained person external to the centre completes a periodic IPC audit of the centre
- a resident's nebuliser protocol required review to ensure all information was applicable and that it accurately guided staff, specifically in relation to replacement of parts.
- team meetings with regard to IPC often appeared to have replicated information and it was not evident the extent of what information was supplied to residents in the residents' meetings
- there was no system in place to monitor staff or residents for signs and symptoms of respiratory illness or changes in their baseline condition.

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 Kinnegad Centre OSV-0005824

Inspection ID: MON-0040340

Date of inspection: 08/06/2023

## 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>Areas requiring improvement included:</p> <ul style="list-style-type: none"> <li>• gaps were observed in the centre's cleaning checklist and while the person in charge was signing off on the checklists it was not evident if this was purposeful as nothing appeared to come about from this oversight:</li> </ul> <p>Cleaning checklist will be discussed with staff at team meeting in July 2023 and the importance of completing all cleaning tasks emphasised. PIC will review checklist in line with the monthly reviews and audits for the centre and address any gaps with staff who were on duty at that time.</p> <ul style="list-style-type: none"> <li>• improvements were required to ensure all surfaces and items were clean, for example, some equipment used to support residents had debris or residue on them, such as the hoist control in the bathroom had residue on it and some dead flies were observed on some windowsills</li> </ul> <p>All areas were cleaned and will continue to be cleaned in line with schedule. PIC will review checklist in line with the monthly reviews and audits for the centre and address any gaps with staff who were on duty at that time. Random frequent spot check tool will be used by PIC and IPC centre link staff to highlight any areas for improvement.</p> <ul style="list-style-type: none"> <li>• the storage of mops and buckets required review and to ensure staff members' awareness and adherence to the colour coded system in place</li> </ul>	

Mops and buckets will be stored according to policy and staff will be reminded and informed of this at team meeting in July 2023.

The colour coding system in place will be refreshed at team meeting in July 2023 - completion date 31st July 2023.

- to ensure audits completed contained accurate information in order to assure that they were not used as tick box exercises. In addition, to ensure that audits were robust and that an appropriately trained person external to the centre completes a periodic IPC audit of the centre

A 6 month IPC audit in line with policy will be conducted in July 2023 by an appropriately trained external person - completion date 31st July 2023.

Audits will be reviewed by PIC and followed up during random spot check. Inaccurate information will be addressed by the PIC - completion date 30th August 2023.

Audit templates and process in place in relation to IPC will be reviewed in conjunction with organisational policy, PIC, IPC link staff and organisational IPC lead nurse to ensure their effectiveness and validity - completion date 28th September 2023.

- a resident's nebuliser protocol required review to ensure all information was applicable and that it accurately guided staff, specifically in relation to replacement of parts.

Protocol regarding nebuliser will be revised and implemented and discussed with staff at team meeting in July 2023 - completion date 31st July 2023.

- team meetings with regard to IPC often appeared to have replicated information and it was not evident the extent of what information was supplied to residents in the residents' meetings

IPC items discussed at team meetings will be specific and minuted to reflect same.

Residents' meetings will be revised to ensure that specific relevant information is being provided - completion date 01st September 2023.

- there was no system in place to monitor staff or residents for signs and symptoms of respiratory illness or changes in their baseline condition.

Staff will continue to follow organisational policy as guided by IPC lead nurse and senior leadership team in relation to reporting symptoms, sick leave procedure and absence reporting. Staff will continue to follow contingency plan and advise on call personnel/PIC should they experience symptom onset on shift. Staff are trained in IPC related course modules as per organisational policy and are aware of and adhere to all IPC related organisational policies which describe and identify symptoms and precautions associated with covid 19, and other communicable diseases.

AMRIC will be contacted by organisational lead IPC nurse to give any further guidance on practice for the setting and any additional measures will be implemented accordingly - completion date 28th June 2023.



## 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	28/09/2023