



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

Issued by the Chief Inspector

Name of designated centre:	Community Living Area C
Name of provider:	Muiríosa Foundation
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	09 March 2022
Centre ID:	OSV-0003804
Fieldwork ID:	MON-0035691

About the designated centre

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

The statement of purpose, which is a document produced by the provider, describes Community Living Area C as a residential home for adults over the age of 18 years of age with an intellectual disability. It is located in Co. Offaly and provides a service for a maximum of two residents of mixed gender. The service operates on a 24 hours, seven day per week basis. The property provides communal areas for residents with a spacious living room and a kitchen/dining room which is the hub of the home. Both residents have large single bedrooms which are decorated in line with their taste and personality. The property is fully wheelchair accessible. The main bathroom is equipped with required aids to facilitate supports for individual needs. The centre provides a staff office which incorporates sleep over staff facilities. The person in charge works in a full time capacity. The staff team is made up of social care workers with support from a clinical nurse manager 2 as required. The staff rota is planned around the needs of the residents and to facilitate family visits and community inclusion. The centre is resourced with a vehicle but also utilises local public transport.

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
Wednesday 9 March 2022	09:00hrs to 14:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector met with one resident, two staff members, the person in charge and also a person who had previously been involved in the management of the centre. The inspector met initially with one staff member and a resident whom they were supporting. However, as the morning progressed the resident became unhappy with the presence of the inspector. To meet this resident's needs the inspector conducted the remainder of the inspection from a building which was located on the same site as the designated centre.

On the morning of inspection, the inspector initially met with one resident who was being supported by a staff member. Very pleasant interactions were observed and the staff member chatted to the resident while they supported them with breakfast. The resident communicated through sounds and physical prompts and the staff member was observed to understand both. The resident responded positively to the staff members assistance as they helped them to get their favourite book, with the staff member smiling and encouraging the resident as they went about their duties.

The staff member who met initially with the inspector was observed to actively wash their hands and personal protective equipment (PPE) was used as required. The inspector also met with a second staff member as they commenced their shift. This staff member explained that they began their shift at this time as it facilitated the second resident who used this service to have a sleep-on in bed. Both staff members discussed the cleaning schedules in the centre and the centre appeared clean and well maintained. Staff explained that there was regular cleaning which occurred on a daily basis and additional deep cleaning was performed on set days and nights during the week. There was also a deep clean schedule in place for items such as soft furnishings on a monthly and quarterly basis and staff also explained that a colour coded system was in place to differentiate between the cloths and mops used in different areas of the house. Although there were comprehensive cleaning schedules in place and the centre appeared clean and well maintained, there was some confusion among staff members in regards to the colour coding system which was in place for both cleaning cloths and mop cleaning heads.

Both residents who used this service had high care needs and one resident who met with the inspector communicated with the use of sounds and gestures. Information in regards to hand hygiene and COVID 19 was clearly on display. Management of the centre explained that each resident attended a weekly key worker session which assisted in keeping residents informed in regards to developments with COVID 19. Staff used this platform to discuss hand hygiene with residents and also recent changes to COVID 19 measures. For example, at residents most recent meetings staff had explained that people may no longer be wearing face coverings in shops and that they should not be worried. The inspector found that this individualised approach to care ensured that residents were kept informed and up-to-date with national developments with regards to COVID 19.

Capacity and capability

The inspection was facilitated by a person who participated in the management of the centre and they were found to have a good understanding of the service and also of the infection prevention and control (IPC) arrangements which were in place.

The provider was proactive in regards to IPC in this centre with management actively providing oversight and assistance to staff. All required audits and reviews as stated in the regulations had been completed and a senior manager had recently conducted an IPC audit of this centre. This audit identified a number of areas of good practice and also a number of areas which required improvement. As a result, a refurbishment plan was implemented with planned works in place in regards to the removal of equipment, additional painting and the installation of specific storage for mops. Although this was a positive area of oversight, some improvements were required as an action plan had not been developed for all issues which were found. For example, the audit indicated that not all areas were clean and dust free at the time of the audit; however, the audit did not clearly identify which areas these were and the actions which were required to improve overall cleaning and disinfection.

The provider's policy in regards to infection prevention and control was also under review at the time of inspection and management of the centre were also developing a standard operating procedure in regards to cleaning and disinfecting designated centres which came under their remit. The inspector reviewed a draft of this procedure which aimed to give clarity in regards to the colour coded cleaning system and the arrangements to clean and disinfect specific areas of each designated centre.

Staff also had a training programme in regards to IPC and the majority of staff had undertaken training in regards to hand hygiene, breaking the chain of infection and the use of personal protective equipment (PPE); however, the provider failed to demonstrate that two staff members had completed all relevant IPC training. A senior manager who facilitated the inspection also indicated that senior managers would be completing an accredited training programme in regard to hand hygiene which would further improve and promote hand hygiene within the organisation. Staff members also attended regular team meetings where they could discuss care practices and developments in regards to COVID 19. The provider had also recently added IPC as an agenda item which assisted in ensuring that staff were kept up-to-date with policy and associated IPC procedures within the organisation.

Quality and safety

Residents were supported to regularly access their local community and on the day

of inspection one resident was supported to have an activity of their choice. Due to the care needs of residents the inspector had limited interaction with them; however, for the short period of time that the inspector was in the centre, residents appeared happy and staff members had a good rapport with them.

The provider had contingency plans in place in regards to supporting residents should they contract COVID 19. Plans clearly outlined the arrangements for one resident and staff had a good understanding of this plan. The planning for the second resident clearly indicated that they would remain in their home and have the use of a sitting room in which to relax. However, the plan for the second resident required review to give further clarity in regards to clean areas and the storage, cleaning and disinfecting of equipment.

Staff members held responsibility for ensuring that daily cleaning schedules were implemented and the provider had detailed cleaning schedules in place which outlined the centre's hygiene requirements. As mentioned earlier staff had a good awareness of their cleaning responsibilities and indept cleaning regimes were in place for both day and night staff. These schedules clearly outlined standard daily/nightly cleaning and also specific equipment and rooms which required planned cleaning.

The provider had introduced a general risk assessment in response to COVID 19 and individual risk assessments were also in place for issues which may impact upon resident safety such as legionnaires disease. However, there was no individual risk assessment for IPC in the centre which did impact on the provider's ability to ensure that IPC arrangements were maintained to a good standard at all times. This was brought to the attention of management and a risk assessment was formulated prior to the conclusion of the inspection which included current controls and also planned adjustments to the provider's IPC policy and the upcoming standing operating procedures in regards to cleaning and disinfecting and also the management of soiled or infected linen.

The inspector found that there were appropriate arrangements in place for laundry and the disposal of non-clinical waste in the centre. Laundry was completed on-site using a domestic washing machine and management told the inspector that water-soluble bags were available to segregate infected or contaminated laundry if required. In the event that the centre required clinical waste bins, management also explained how these would be made available to the centre.

Regulation 27: Protection against infection

Overall the provider had put in place systems in place which supported staff to deliver safe care and maintain a good level of infection prevention and control practice. However, this inspection did identify some areas which required improvement:

- The centre's IPC audit required further clarity in terms of findings and an

action plan was also required to address any areas for improvement

- The provider failed to demonstrate that two staff members had completed all relevant IPC training
- A contingency plan required additional information in regards to clean areas and also the storage, cleaning and disinfecting of equipment
- Further clarity was required in regards to the colour coding of mops and cleaning cloths, including their associated areas of use.

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 Community Living Area C OSV-0003804

Inspection ID: MON-0035691

Date of inspection: 09/03/2022

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> <ul style="list-style-type: none">• An action plan has been developed by the PPIM and additional detailed captured to support the audit. Action completed on: 22/03/2022• The training records of two staff members have been reviewed and a training plan has been put in place. Action completed on: 16/03/2022• The contingency plan has been updated in regards to clean areas and also the storage, cleaning and disinfecting of equipment. Action completed on: 09/03/2022• Amendments are currently being undertaken to Cleaning & Disinfection policy to provide further clarity was required in regards to the colour coding of mops and cleaning cloths, including their associated areas of use. Proposed date for completion: 04/04/2022	

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	04/04/2022