



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

Issued by the Chief Inspector

Name of designated centre:	Moorehaven Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	31 March 2022
Centre ID:	OSV-0007838
Fieldwork ID:	MON-0036522

About the designated centre

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

Moorehaven Services is a centre run by Brothers of Charity Services Ireland CLG. The centre is intended to meet the needs of up to four residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey building, which provides some residents with their own apartment, comprising of a bedroom, bathroom and living area. Other residents have their own bedroom, access to shared communal areas and multiple living areas to use as they wish. Staff are on duty both day and night to support the residents who live here. An on-call arrangement is also in place to support this centre's night-time staffing arrangement.

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
Thursday 31 March 2022	09:30hrs to 16:30hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

An unannounced thematic inspection was carried out to review the providers compliance with Regulation 27: Protection against infection. On the day of inspection the inspector met two staff and the person in charge and interacted with the three residents who resided in the centre.

On the day of inspection a staff member carried out the necessary checks in terms of identification, sign in and the required infection prevention and control measures. The staff member was noted to practice hand hygiene and wear the correct face covering and took the inspectors temperature and ensured that they were wearing an FFP2 face covering also. At the time of inspection the residents and staff exhibited no signs or symptoms of COVID -19.

From discussion with staff, observations in the centre and review of documentation during the inspection, it was evident that residents were supported to enjoy a good quality of life in the centre and the care provided was person centred and individualised.

Moorhaven Services is a two storey house with a range of communal space and bathrooms and provides a service for three residents. There were two bedrooms with en suites and multiple living areas and one resident had their own self contained apartment within the house. There was a communal kitchen and dining room where residents could choose to spend time together if they so wished. The residents had access to a garden area for recreational use.

When the inspector arrived, two residents were up and about, one resident was going out for a drive and the other resident was having breakfast and a cup of tea. A resident who had their own self contained apartment chose to remain in bed but acknowledged the inspector and indicated they would get up later. There were two staff on duty supporting residents in the house with their morning routines and the inspector noted they supported the residents in a very respectful manner. The residents appeared very comfortable and relaxed in their home and in the company of staff. The residents had some verbal capacity although when the inspector spoke with one resident they repeated well known phrases and words. The inspector had a cup of tea with this resident to determine their views however they were unable to clearly articulate their views but when asked if they liked their home they said yes. The residents appeared in good form, content and were observed to joke and laugh with staff throughout the day. The staff members on duty were familiar with the residents needs and clearly knew the residents well. Staff members spoken with mentioned that they had worked with the resident group for a number of years which indicated continuity of care from a core staff team.

The house was found to be visibly clean throughout, the floors had been freshly washed and the staff members had the windows open for ventilation. The house had been painted recently and new flooring fitted and there were no defective

surfaces anywhere. The kitchen was new and was bright and clean. Hand sanitisers were full and staff were observed to wear the appropriate personal protective equipment including an FFP2 mask. There was good guidance for staff around cleaning as there was a regular cleaning schedule and an enhanced cleaning schedule. There was also product information which informed staff of the dilution methods of the cleaning products. Both staff on duty were familiar with protocols around infection prevention and control and how to minimise the risk of infection.

Residents were supported to engage in meaningful activities in their local community and the lived experience of the residents was very good during the COVID-19 pandemic and they continued to enjoy outings. Residents meeting notes indicated that the residents had input into meal planning within the house and choice of activities. They enjoyed a variety of activities including swimming, going to the cinema, going for walks, going for drives in the house vehicle, shopping, going to the barbers, eating out and spending time at home listening to music or watching TV. One resident was heard to ask the staff when they were going swimming and for their ice cream and it was obvious that they were familiar with different outings and activities.

The inspector observed that there were easy read documents available to inform the residents about important issues such as COVID-19, their rights and how to make a complaint if they wished. Visual supports for hand washing and cough etiquette were observed throughout the house. Staff members were noted to respectfully support residents with hand washing and to take their temperature during the day. Residents house meetings had rights and infection prevention and control on the agenda at every meeting. Residents were encouraged to maintain relationships with family and friends and there was private space available to have visitors if residents wished. There was an infection prevention and control form for visitors to complete as they entered the centre and guidance around hand washing and social distancing.

The centre had a vehicle which could be used by residents to attend outings and activities. There was a cleaning protocol in place for the vehicle and cleaning records reviewed showed that it was cleaned regularly.

Staff members on the day of inspection were noted to be very diligent in maintaining good infection, prevention and control and were committed to providing good care and support to residents. Overall the premises was clean, staff were noted to perform regular hand hygiene and wear appropriate face masks.

The next two sections of the report outline 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 residents lives.

Capacity and capability

The provider was in compliance with the requirements of Regulation 27 and procedures that were consistent with the National Standards for infection prevention and control in community services (2018).

There were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection at the centre. The person in charge had overall accountability, responsibility and authority for infection prevention and control (IPC) in the centre although there was a designated lead IPC staff member. There were clear management and reporting structures in place within the centre. The person in charge was supported in their role by the area manager.

The inspector found that the staffing levels and mix were in line with the assessed needs of the residents and in line with the statement of purpose. The staffing roster reviewed indicated that there was continuity of care provided by a regular staff team. The provider's staffing numbers allowed staff to maintain good infection prevention and control and safeguard residents from the risk of preventable infection. Staff on duty were monitored regularly for signs and symptoms of COVID-19 daily.

The person in charge had provided training for staff. The training matrix reviewed identified that all staff had completed training in various aspects of infection prevention and control including the national standards for infection, prevention and control in community services, hand hygiene and breaking the chain of infection. There was a training schedule in place and staff had completed the training as outlined in the providers guidance document. The Infection Prevention and control policy was under review but there was an addendum to the policy which had significant guidance for staff around COVID-19. A COVID-19 lead worker was identified and had completed training in infection prevention and control with a view to ensuring that agreed infection prevention and control measures in the workplace were kept under regular review and to ensure any issues identified were brought to the attention of the person in charge. Staff spoken with confirmed that they had attended a combination of on-line training and in house training.

Staff had access to a range of guidance documents in relation to infection prevention and control including the National Standards for infection prevention and control in community services (2018). There was comprehensive COVID - 19 contingency plan in place which included site specific outbreak management plan and gave clear guidance to staff in the event of an outbreak. There was guidance for staff in relation to residents requiring to self isolate in a group home and enhanced cleaning of areas if a resident tested positive. There was both in house advice available to staff from the person in charge, lead infection prevention and control staff and also specialist advice could be sought from the public health professionals in the HSE. Guidance referenced the national guidance published by the Health Service Executive, the Health Protection and Surveillance Centre and the Health Information and Quality Authority.

The provider completed bi yearly infection prevention and control audits, including a 'Prevention and management of Coronavirus' audit which was completed in

December 2021. The areas identified for improvement were that a site specific outbreak management plan be developed and staff were to complete hand hygiene training. All actions identified were completed on the day of inspection.

The person in charge was fully aware of their responsibilities in terms of reporting a suspected or confirmed case of infection to the Chief Inspector.

Quality and safety

Overall the inspector found that the services provided in this centre were person-centred, individualised and residents were well informed in terms of infection prevention and control and COVID-19. It was apparent that residents had been supported to understand why infection prevention and control precautions were taken and had been facilitated with opportunities to ask questions about this matter. There was information available in the centre about infection prevention and control and COVID-19 in accessible formats and the inspector observed that posters promoting hand washing, cough etiquette and social distancing were visible throughout the centre.

A walk through of the centre was completed by the inspector in the company of a senior staff member. Overall the house was clean throughout, the floors had been washed prior to the inspectors arrival and the bathrooms had also been cleaned. There were paper towel dispensers in all communal bathrooms however one resident preferred a cloth hand towel for their own personal use but there was evidence that staff encouraged the resident to use the paper towels. There were colour food preparation boards in use and staff spoken with were clear and consistent in describing the cleaning procedures and systems in use. The staff were also fully aware of which colour mop head to use for each area and how to launder them after use. The hand sanitisers were full and were clean and staff were observed to wear appropriate personal protective equipment. Staff were observed to take temperatures at regular times during the day. There were no aerosol generating procedures in use in the centre such as nebulising although they were aware of the protocols around such procedures. A sharps box was available if required. There was adequate supplies of PPE and staff were observed to wear the appropriate FFP2 mask and practice hand hygiene regularly. There was dedicated area for donning and doffing of personal protective equipment (PPE) and a procedure in place for this also.

There was a cleaning protocol in place for the house vehicle and cleaning records reviewed showed that contact surfaces were cleaned after each use. The vehicle was supplied with disinfectant wipes, hand sanitiser and a supply of face masks.

There were good arrangements in place for the laundry of residents clothing and centre linen. Any soiled linen was transported in alginet bags and there was a clean linen basket for clean clothes out of the laundry room. The staff washed the residents clothing separately at a high temperature using the appropriate products.

Cleaning products as indicated in the Covid-19 guidance document were used for floors and surfaces and diluted correctly.

There were appropriate arrangements in place for the disposal of clinical waste, a double bag system was in place for clinical waste, with a 72 hour wait period before waste disposal collection. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. There were effective arrangements in place for the management of maintenance issues and staff members reported that maintenance issues were promptly resolved in the centre.

From resident meeting notes it was clear that residents had been supported to understand why infection prevention and control precautions were in place. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. The inspector noted posters promoting hand washing, correct hand washing techniques, social distancing and information on how to protect oneself from COVID-19 were displayed.

From discussions with staff and observations in the centre, it was evident that staff understood the importance of infection prevention and control, had an clear understanding of their roles and responsibilities which in turn informed their daily routines in protecting residents from preventable healthcare-associated infections. Throughout the inspection, staff were observed to be diligent in performing hand hygiene and in wearing appropriate face masks in line with current public health guidance. Staff continued to monitor residents for sign and symptoms of COVID-19 on a daily basis. Staff members spoken with during this inspection demonstrated a good awareness infection prevention and control, of the COVID-19 symptoms, how to respond were a resident to develop symptoms and who to escalate any concerns to.

Overall the house was clean and homely, there was sufficient guidance to direct thorough cleaning and disinfection of the facility. There was a cleaning checklist in place which listed areas of the centre to be cleaned on a given day, frequency of cleaning and with what products. The COVID-19 addendum to the policy outlined what products to use and the formula for dilution.

There was a risk management system in place and risk assessments had been completed for risks associated with COVID-19, including the risk to individual residents of isolation in their bedrooms. The person in charge was aware of the requirement to notify the Chief Inspector of suspected or confirmed cases of COVID-19.

Residents' health care needs were met throughout the COVID-19 pandemic and they were supported to access General Practitioners (GPs), and other clinicians via phone or video call. It was evident from document review that residents had been supported to attend appointments with occupational therapy, psychiatry and psychology. The residents had been informed at their house meeting of COVID-19 vaccinations and infection prevention and control and had made the decision to take the vaccine.

Regulation 27: Protection against infection

The provider was in compliance with the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (2018).

-The COVID - 19 addendum to the IPC policy, provided guidance in a number of areas including arrangements in place for cleaning and disinfection of the centre, the frequency of training staff and which training in relation to IPC was required.

-There was sufficient guidance in place to direct thorough cleaning and disinfection of the facility. The cleaning checklist in place included all areas and all equipment to be cleaned and or disinfected. The enhanced cleaning schedule outlined areas to be cleaning such as frequently touched surfaces. It included guidance on the frequency of cleaning, the type of cleaning to be undertaken, the method to be used and the products and equipment to be used. There was clear guidance in relation to the frequency of cleaning equipment such as cloths and mop heads.

-There were adequate supplies of PPE and staff were observed to wear appropriate PPE such as FFP2 masks and were also observed to sanitise hands regularly.

-The house was clean throughout, freshly painted with new flooring and well maintained.

Judgment: 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	Compliant