

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

Issued by the Chief Inspector

Name of designated centre:	Multiple Sclerosis Society of Ireland - MS Care Centre
Name of provider:	The Multiple Sclerosis Society of Ireland
Address of centre:	Dublin 6
Type of inspection:	Unannounced
Date of inspection:	10 March 2022
Centre ID:	OSV-0001940
Fieldwork ID:	MON-0036136

About the designated centre

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

This centre is based in a suburban area of South Dublin and provides short-term respite care and support services to persons with multiple sclerosis. The services provided by the centre focus on a central objective of enabling and empowering persons affected by multiple sclerosis to live a life of their choice to their fullest potential. The centre is comprised of one large detached building which provides accommodation for 12 individual respite bedrooms (all with adapted en-suite facilities); large living areas; a coffee dock space; a dining room; a kitchen area; therapy rooms; a conservatory/relaxation space; store rooms; a spacious landscaped garden and outdoor area; and offices, meeting and training rooms on the first floor. The staff team is made up of managers, staff nurses, carers, trainees, receptionists, administration staff, a clinical nurse specialist, an activity coordinator, a physiotherapist and a quality manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

8

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 10 March 2022	09:25hrs to 13:45hrs	Erin Clarke	Lead
Thursday 10 March 2022	09:25hrs to 13:45hrs	Michael Keating	Support

What residents told us and what inspectors observed

This centre is based in a suburban area of South Dublin and provides short-term respite care and support services to persons with multiple sclerosis. The centre is comprised of one large detached building which provides accommodation for 12 individual respite bedrooms (all with adapted en-suite facilities); large living areas; a coffee dock space; a dining room; a kitchen area; therapy rooms; a conservatory/relaxation space; storerooms; a spacious landscaped garden and outdoor area; and offices, meeting and training rooms on the first floor. The staff team is made up of managers, staff nurses, carers, trainees, receptionists, administration staff, cleaning staff, a MS nurse, an activity coordinator, a physiotherapist and a quality manager.

This unannounced inspection aimed to assess the centre's levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The COVID-19 pandemic was still in effect on the day of the inspection, and staff and the inspectors took precautions to reduce the risk of infection. This included wearing face masks, practising hand hygiene on a regular basis, and keeping a two-metre distance in accordance with national guidelines for residential care facilities.

Access points to the designated centre were found to be monitored and managed by staff to ensure all visitors were met on arrival to the designated centre. Upon the inspectors' arrival at the centre, a staff member conducted COVID-19-related checks, including checking the inspectors' temperature using a digital thermometer and having them sign into a visitors log for contact tracing purposes.

The inspectors began the day by taking a tour of the centre with a member of management. Throughout, the centre was noted to be kept to a very high standard of cleanliness. Furthermore, since the previous inspection in November 2020, a number of refurbishments and facility upgrades had been made, which in turn had a good impact on infection prevention measures as cleaning in some areas could be carried out more effectively. These premise enhancements included works to respite users' bathrooms, replacement of external doors, window units and painting and decorating throughout the building.

Throughout the walk-around, it was demonstrated that consideration had been given to infection prevention and control measures with regard to respite users' support stays. For example, the provider ensured all respite users had a comprehensive pre-admission consultation which included COVID-19 screening, status of healthcare infections and taking of antigen tests to promote and protect the health and safety of all respite users and staff. It was also noted that efforts were being made to keep respite users informed about matters related to COVID-19. A sample of notes from weekly welcome meetings reviewed showed that COVID-19 restrictions were discussed with respite users and highlighted any extra

precautions in place.

The inspectors met with three respite users over the course of the inspection and spoke with the quality manager, a supervisor, a staff nurse, three care staff, two cleaning staff and the chef. In addition, the inspectors observed staff and respite users' interactions and reviewed a number of key documents, policies, guidelines, and individual care plans. It was also found that respite users were encouraged to provide feedback on their stay as a way for the provider to improve their services. From observations made during the inspection, it was apparent that respite users were well known to staff and comfortable in their presence to raise suggestions that would enhance their stay.

Feedback was also sought as part of the provider's six-month unannounced visit to the centre. From this feedback, it was seen that respite users expressed strong satisfaction with the respite service that they received. They praised the staff team, the care and support received, the quality and variety of food available, and the gardens and the associated therapeutic benefits. One respite user said they felt safe in the centre and could see that staff were socially distancing and sanitising their hands regularly.

From speaking with respite users during the inspection, this feedback was mirrored to the inspectors. Respite users provided positive feedback about their stays and the communication received from the centre in relation to COVID-19 restrictions. The provider had yet to fully implement the national guidelines on resuming normal visitations to the centre. However, the inspectors were satisfied that this decision, based on a comprehensive risk assessment, did not negatively impact respite users who clearly viewed their stays as holidays and were happy with the existing visiting arrangements. Members of management relayed the plans to align their visiting policies to national guidance in the coming weeks.

While walking around the centre it was noted there was a good level of staff support available to respite users. When speaking with the inspectors, staff appeared very knowledgeable about the respite users' particular preferences and needs. A review of documents found that there were individualised support plans in place for residents that directed person-centred infection control practices. For example, there were plans in place to guide staff in supporting residents in the event of a COVID-19 outbreak and how to support respite users in the event that they needed to self-isolate. Staff were observed following current public health precautions in respect to residential care facilities on the day of the inspection. These included hand washing on a regular basis, the correct use of face masks and temperature taking.

The provider employed two household staff types, both directly through a community employment scheme and those externally contracted. Inspectors found there was a clear division of routine and enhanced cleaning tasks of the centre. Household staff were well trained in safe cleaning techniques, such as cleaning flows and the usage of various chemicals for various scenarios. Colour-coded procedures were in place to ensure that mops, towels, and other cleaning supplies were kept separate and only used to clean certain surfaces. Cleaning trolleys, signage, and cleaning products were among the items available for household staff to utilise in

carrying out their tasks. On the day of the inspection, it was noted that household employees followed best practices, such as using the appropriate colour-coded equipment. Cleaning trolleys and cleaning equipment such as floor buffers were noted to be clean, clutter-free and tidy.

The inspectors found that the provider had implemented strong governance and leadership and, systems for reviewing infection prevention and control practice. Staff had completed training and, understood their infection prevention and control responsibilities. Collectively these arrangements helped safeguard respite users and staff in this centre from the risk of preventable healthcare infection.

The remainder of this report will present the findings from the walk-around of the designated centre, discussions with staff and a review of the providers' documentation and policies and procedures in relation to infection prevention and control. The findings of this review will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection Against Infection is provided.

Capacity and capability

Overall, the person in charge was responsible for implementing and overseeing infection prevention and control measures on a local level. Still, these duties were known and delegated across the organisational structure. For example, in the absence of the person in charge, the inspection was facilitated by the quality manager and a supervisor, both of who demonstrated clear working knowledge of infection prevention and control systems and policies that were consistent with national guidance.

HIQA had previously inspected the designated centre in November 2020, where full compliance with the regulations was met. As part of a programme of inspections commenced by HIQA in October 2021 focusing on the National Standards for infection prevention and control in community services, it was decided to carry out another inspection of this centre to assess adherence with these standards in more recent times. Key areas of focus on this inspection included staffing, monitoring of the provider's infection prevention and control practices and the leadership, governance, and management of the centre. The inspectors found clear evidence of good leadership, governance, and management, all of which are required to achieve compliance with Regulation 27: Infection Prevention. The findings of the inspection revealed that infection prevention was a component of the service's everyday operations and was viewed as a shared duty by management and staff.

The inspectors identified there were robust governance measures in place and escalation structures to ensure that the provider was aware of any infection prevention and control issues within the designated centre. The management team meet monthly, and these meetings had set agendas that included various staff and management audits, reviews, and information sharing to ensure effective oversight.

For instance, the findings of a recent environmental audit had been discussed at senior management level, which demonstrated the systems in place for reviewing and monitoring the service to ensure a high standard of care, support and safety in relation to infection prevention and control matters was being provided and maintained.

The provider had ensured the staff team had the competencies, training and support to promote safe and effective infection prevention and control practices in the designated centre. Staff had access to online and face-to-face training in relation to infection prevention and control, for example, hand hygiene. This training was followed up by an annual hand hygiene assessment and evaluation to ensure adherence and competencies in hand hygiene techniques. There was good oversight of the staff team's training needs, which ensured that if staff were due refresher training, this was arranged in a timely manner. The inspectors reviewed the centre's staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, COVID-19, infection control, the donning and doffing of personal protective equipment. In addition, the registered provider was found to have provided specific training to external cleaning contract staff on infection prevention and control. Staff members met with told the inspector that the training they had completed had informed their practice and contributed to a greater understanding of infection prevention and control.

The provider also ensured that the centre was sufficiently resourced, so that respite users received quality care and assistance. These resources included providing appropriate, safe, and comfortable equipment and furnishings, upkeep of the centre, and necessary staffing levels. To limit the risk of healthcare-acquired infections, the centre was equipped with a variety of infection control measures. Wall-mounted hand sanitiser dispensers were placed throughout the centre and outside all bedrooms. The inspectors observed disposable gloves and aprons, cleaning supplies, pedal-operated bins and single-use hand towels in place where required. Face masks, particularly FFP2 masks, were accessible, and staff were seen wearing them at all times when in the presence of respite users.

As previously mentioned, there were processes in place to review and monitor the service to ensure that it provided and maintained a high degree of care, support, and safety. On behalf of the provider, detailed unannounced audits were conducted twice a year. These audits revealed that there was a high degree of compliance and that any reported issues had been or were being rectified in a timely manner. In addition, infection control auditing itself formed part of the auditing systems that occurred monthly. The inspectors found that where audits revealed areas for improvement, the provider had taken the audit findings seriously and put in place a time-bound action plan to address any deficiencies discovered during the audit. For instance a deep clean of some areas of the centre had been organised for the following week as a result of a recent environmental audit.

Quality and safety

The registered provider and management team ensured that the service offered was safe and in accordance with national guidelines for residential care facilities when it came to infection prevention and control. Infection control was clearly a priority at the centre. The quality of care was monitored regularly to ensure adherence to best practices and the National Standards for infection prevention and control in community services (HIQA, 2018).

As outlined in the centre's statement of purpose, the provider did not routinely provide for the laundry of residents' personal items, and the laundry of linen was outsourced to an external company. However, the inspectors were satisfied there were appropriate facilities to sluice wash laundry if required. There was a fully equipped and well laid-out laundry room. This area was well-designed and clean and had appropriate signage and hand-washing facilities available. Suitable arrangements were in place (water-soluble bags) for the management of potentially infectious laundry. There was landfill, recycling and compostable waste collection arrangements in place in the centre and suitable arrangements for clinical waste and sharps management. For example, arrangements were in place to store sharps waste off floor level, to prevent spillage and to ease cleaning.

The inspectors found there were appropriate water management systems in place. There was a written risk assessment related to Legionella prevention and control in the centre, and appropriate control measures such as periodic water sampling testing and water flushing checks were in place. Staff spoken with demonstrated clear knowledge of the water flushing checks, including frequency and duration.

The centre had a four colour coding system for equipment such as mops and buckets and cloths. These helped staff to clearly identify which equipment should be used when completing tasks in different areas of the house. This practice supported staff to minimise the risk of the transmission of potential infections, and cleaning staff were able to clearly identify this system to the inspector and discuss which item would be used in which area of the centre.

Respite users that attended this centre presented with a variety of support needs. This meant some respite users required additional medical equipment or devices to support them complete or participate in their activities of daily living. The inspector observed a substantial amount of equipment around the centre, including electrically driven wheelchairs, electric reclining chairs, hoists, and other portable equipment such as commodes. The inspectors found there were effective cleaning and decontamination techniques used as well as storage for these items. For example, the physiotherapy room was supplied with cleaning products so equipment used could be cleaned after every use and labelled with a decontamination label that was dated and signed.

There were good arrangements in place for accessing healthcare services in the event that treatment or support was required by respite users during their stay in the centre. The staff team had access to information about each respite user which included the details of their general practitioners and out-of-hours medical supports.

Regulation 27: Protection against infection

The goal of the inspection was to assess the centres' levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The inspectors noted high levels of compliance. Residents were protected from healthcare-associated infections with clear, safe, and effective systems in place. This was evident in the following areas reviewed:

- The registered provider had a range of policies, procedures, protocols and guidelines in place which related to infection prevention and control. These included guidance on infection prevention and control, including a COVID-19 response plan for staff (for suspected or confirmed cases of COVID-19), guidance on the use of personal protective equipment (PPE), COVID-19 outbreak management plan for the centre, COVID-19 respite service admission checklist, management of sharps, prevention and control of Legionella, management of MRSA, Norovirus and Clostridium Difficile, cleaning and decontamination.
- All staff had completed up-to-date training in areas including infection prevention and control, hand hygiene, and donning and doffing. Household staff who worked in the designated centre held cleaning and hygiene qualifications before working in the centre, for example, training in the use of different cleaning chemicals.
- There were a series of audits completed in the centre which considered infection prevention and control. These audits review cleaning schedules, mattress checks, health & safety checks, and quarterly self-assessment completion against the national standards for infection prevention and control in community services. The audits completed were found to be comprehensive in nature, and there was clear evidence available to demonstrate that they had brought about positive changes in the centre.
- The centre's premises and environment were clean and well kept, and there was a system in place for recognising and mitigating potential and actual infection control risks. Schedules were in place to ensure that all areas of the building were cleaned and thoroughly cleaned on a regular basis.
- There was regular and consistent communication between staff, management, and respite users regarding infection prevention and control measures in the centre.

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