



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

Issued by the Chief Inspector

Name of designated centre:	Drogheda Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	10 March 2022
Centre ID:	OSV-0002671
Fieldwork ID:	MON-0035632

About the designated centre

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

Drogheda supported accommodation is a designated centre operated by Rehab Group which provides 24 hour residential support to five male and female adults. The centre is a large detached five bedroom house with a large garden to the back of the property. The residents' home is spacious and comprises of a large kitchen dining area, a large sitting room and a large conservatory. It is in close proximity to the nearest town and is within walking distance to a large shopping centre.

Residents attend a day service during the week. A bus is also provided for residents. There are two staff on duty in the evening times and for some hours at the weekend. One sleepover staff is also on duty to support residents at night and in the morning time.

The person in charge is also responsible for other service provision in the wider organisation. In order to assure effective oversight of the centre, a team leader is also in place.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 10 March 2022	09:50hrs to 18:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to inspect the arrangements which the registered provider had put in place in relation to infection prevention and control (IPC) under the National Standards for Infection prevention and control in community services (2018) (the standards) and to monitor compliance with the associated regulation.

The inspector was greeted by a staff member at the door and invited to sign the visitor's book, sanitise hands and take their temperature. Throughout the inspection, the inspector observed the person in charge and staff adhere to public health guidelines. For example, they regularly practiced hand hygiene and wore personal protective equipment (PPE) in the form of an FFP2 mask.

The inspector completed a walk-through of the centre with the person in charge. Each resident had their own bedroom with adequate storage for their belongings and two had their own ensuite, with others sharing bathroom facilities. While the centre was observed to be visibly clean in the majority of areas and well-maintained, the inspector did identify some areas for improvement that required more thorough or periodic cleaning. These issues will be discussed in the next sections of this report.

The inspector found that arrangements in place for hand hygiene to be carried out effectively were in place. There were a number of hand-sanitising points located throughout the premises and all were in good working order. However, guidance was required for staff with regard to refilling antibacterial gel into reusable bottles.

The inspector met all five of the residents that lived in the centre. Residents spoken with said they understood about COVID-19 and the reasons why infection prevention and control measures such as wearing face masks and regularly hand hygiene was important in protecting their health. Residents mentioned the negative impact that previous COVID-19 restrictions had on their lives such as the closing of a preferred swimming pool and the local pub.

Residents spoke of alternative activities they were supported with during the COVID-19 pandemic. For example, an alternative day service was arranged in an external location to replace the one that had closed during the pandemic. This was arranged for this centre only to use as a pod group. This gave residents the opportunity to spend time away from their home and they had dedicated day service staff, which the residents said were lovely. One resident showed the inspector a garden table they had up cycled and painted. They said they loved the woodwork programme they undertook while at the alternative day service. Other residents spoke of the arts and craft classes or the baking classes they had enjoyed participating in. Residents informed the inspector that now that there are no longer restrictions in place that they had returned to their normal day services and activities that they once enjoyed. One resident said they loved being able to go back to the pub now

and meet up with friends.

Residents' rights were promoted through a range of easy-to-read documents, posters and information, supplied to residents in a suitable format. For example, easy-to-read versions of how to wear a mask properly and infection prevention and control protocols including techniques for hand washing. Residents confirmed that they were kept up to date with information regarding the COVID-19 pandemic and the changing restrictions through mostly watching the news. They explained that they preferred to watch it on the news and not to discuss it much in the house but that staff would answer any questions they might have. Both residents and staff confirmed that discussing too much information in the house regarding COVID-19 had caused anxiety in the house. The inspector saw that these issues were discussed with residents on occasion as appropriate at the weekly house meetings.

Overall, the inspector found that the provider had put effective infection prevention and control arrangements in place to protect the safety and welfare of the residents and staff. Some required improvements were identified for example with regard to cleaning, cleaning schedules and cleaning oversight, guidance for the laundering and storage of mop heads, guidance for use of reusable bottles or containers for antibacterial gel, contingency outbreak plans, IPC risk assessments and isolation plans.

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

Overall, the provider had systems and processes in place that were consistent with national guidance and the standards. They had supported staff to deliver safe care and maintain a good level of IPC practice within the centre.

There were clear lines of accountability and responsibility in relation to governance and management arrangements for IPC in the centre. The person in charge had overall accountability and responsibility for IPC and they were the designated COVID-19 lead in the centre. There were clear management and reporting structures in place within the centre in relation to IPC. The person in charge was supported in their role by the integrated service manager and centre team leader.

There were a range of policies, protocols and standard operating procedures (SOP's) in place at an organisational level around IPC, including a policy on COVID-19 and SOP's on other infections for example, managing an outbreak of gastroenteritis. These policies, protocols and SOP's were found to contain information about best practice and included information on standard and transmission based precautions, cleaning and disinfecting, and hand hygiene.

The provider had a COVID-19 lead who was the chief risk officer of quality and governance directive. They were also the chair of the case management COVID-19 group and they were available at an organisation level. The provider had plans in place to recruit an IPC specialist in the near future. The person in charge was the COVID-19 lead for the centre and had completed compliance officer training in COVID-19 returning to work practical training.

The provider had arrangements for an annual review and six-monthly provider-led visits in order to meet the requirements of the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The findings of the two most recent provider-led visit reports were reviewed by the inspector, the most recent had occurred in February 2022. However, the visits were not completed fully in line with the regulations as they were neither on-site or unannounced. This would have impacted the auditor's ability to review the centre appropriately, and in particular, this could mean that the audits may not pick up on issues or IPC risks on-site within the centre.

The inspector notes that the practice of off-site audits had been introduced due to visitation and travel restrictions that had previously been in place due to the COVID-19 pandemic. However, at the time the last two six-monthly audits were completed these restrictions were not in place. These six-monthly audits were more focused on COVID-19 and would benefit from the inclusion of a review of wider infection prevention and control risks.

Staff completed weekly IPC audits and these were reviewed by the person in charge. The provider had recently undertaken to role out IPC only audits throughout the service. The centre had received an IPC audit just two weeks prior to this inspection and the person in charge had already created an action plan to address the identified issues. This audit identified the majority of areas found on this inspection.

The person in charge had completed a self-assessment tool to assess the centre's current IPC practices. This was to ensure the centre was implementing appropriate measures to protect the safety and welfare of the residents and the centre staff. The tick-box sections of the assessment were completed in full and on occasion there was some minor elaboration on sections. However, it would benefit from additional review to provide more information and accuracy around monitoring and specific governance and management arrangements and the assessment was not always reviewed every 12 weeks as recommended. This was discussed with the person in charge on the day of inspection and they informed the inspector that the document would be reviewed in light of this.

The provider had ensured that there was adequate staffing in place at all times in the centre to meet the assessed needs of the residents and there were staffing contingency plans available in case they were required.

The person in charge had identified prior to the inspection that staff were not getting sufficient time to clean the centre each day. In order to rectify this they had

arranged for external cleaners to clean the centre three hours per day Monday to Friday each week with centre staff cleaning at the weekends. The person in charge believed that this arrangement would suit the needs of the centre better, as staff did not have drop offs and collections for the residents at the weekends, giving them the opportunity to use that time to clean. The external cleaners were due to start in the coming weeks.

The person in charge had ensured where possible, that familiar staff worked in this centre which had a positive impact for the residents in that familiar staff were aware of how to effectively communicate with, and encourage them to adhere to public health safety guidance to the best of their ability.

The person in charge had a system in place to ensure all staff had necessary training in relation to COVID-19 and infection prevention and control, and training was scheduled on an on-going basis. Staff were provided with appropriate training which included respiratory hygiene and cough etiquette, hand hygiene, donning and doffing PPE, and standard and transmission based precautions. Some competency assessments had been completed with staff in relation to donning and doffing PPE and hand hygiene after the initial training in 2020.

In addition monthly team meetings occurred in this centre with evidence to suggest that IPC was discussed at some meetings however, IPC was not included in all meetings.

Quality and safety

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. Residents were well informed, involved and supported in the prevention and control of health-care associated infections. However, some improvement was required with regard to the centre's cleaning, cleaning schedules and oversight of cleaning, guidance for the laundering and storage of mop heads, guidance for cleaning certain facilities, guidance for use of reusable containers or bottles for hand sanitiser, contingency outbreak plans including isolation plans and IPC risk assessments.

There were arrangements in place to promote and facilitate hand hygiene, such as antibacterial gel available in several locations in the centre. However the arrangements in place to refill antibacterial gel required review to ensure the gel was not topped up on top of already present gel and also to ensure the existing bottle was cleaned appropriately first. The majority of staff spoken with used inappropriate methods of refilling the gel. Staff were observed to regularly sanitise their hands and encouraged the residents to do the same.

The provider had a sufficient stock of PPE and staff were observed to wear PPE in line with national guidance. Staff spoken with were able to talk the inspector through when additional PPE would be required and how to safely doff the PPE

when finished with it.

The inspector found evidence that staff were routinely self-monitoring and recording for temperatures which may indicate a risk of infection; this process was also completed for the residents that lived in the centre.

The inspector reviewed the quality of cleaning of the overall centre and supporting documentation. During a walk around of the centre the inspector found that overall the centre was generally clean with some exceptions in specific areas such as some kitchen chairs, bathroom/utility sinks, taps, shower door and mirrors which were found to be dirty. Some slight mildew was observed in some areas such as the sun room door and some bedroom windows or shower enclosures. The inspector observed that after a recent storm some items had blown out of the centre's waste bins in the back garden for example a used antigen swab that was put back in its packaging was sitting on the grass. The area had not been tidied by the day of inspection.

The inspector noted that the cleaning requirements of some appliances and fixtures had recently been identified by the provider as requiring to be added to the cleaning checklist and also in need of cleaning such as the oven and extractor fan. The inspector found that as a result staff had not always been cleaning them and it resulted in these areas having a build up of dirt. Guidance for cleaning of these items was also required.

There were arrangements in place to manage general waste. Bins available were all pedal operated. In the event that the centre had clinical waste, there was guidance in place. Both the person in charge and a staff member spoke of the arrangements in place to deal with clinical waste as per the guidance.

Most surfaces in the house were conducive to cleaning however, there was a build up of limescale in many areas, some radiators were rusty, some kitchen chairs had peeled surface areas and the downstairs water closet had a storage press with some areas of the surface peeling.

Laundry was completed on-site using a domestic washing machine. The centre had access to water-soluble laundry bags for the laundering of contaminated garments if required. Staff spoken with were clear on procedures to follow when managing residents' clothes and linens, including managing items which may carry an infection risk.

There was a color-coded system in place for cleaning the centre, to minimise cross contamination. Improvements were required in relation to staff guidance with regard to the use of mops, buckets, cleaning of mop heads and storage of clean mop heads.

The residents were provided with opportunities for exercise and recreation that they enjoyed in order to try to keep them safe throughout the COVID-19 pandemic. For example, during the lock down restrictions residents participated in local tidy town litter picking, had takeaway coffees, went to the beach, and watched mass online

when it wasn't safe to go to mass.

While there was IPC risk assessments in place some required review to ensure all risks were still applicable and that control measures were still accurate.

The provider had developed contingency plans in response to an outbreak of infection in this centre. The inspector identified that these plans would benefit from further review, so as to provide better clarity on all the specific arrangements and measures to be implemented including further elaboration regarding isolation plans within the management plan. Learning from previous outbreak and infection risks had been reflected into revised management plan.

The inspector found evidence that the management team for the organisation met regularly with infection control risks and learning from audits and outbreaks were discussed.

Regulation 27: Protection against infection

The provider had generally met the requirements of Regulation 27 and the National Standards for Infection prevention and control in community services (2018) but some improvements were required in order to be fully compliant.

Areas requiring improvement in order to comply with the standards include:

- provider six-monthly visits are required be on-site and unannounced to ensure any IPC risks would be identified
- while the house was generally clean and tidy some areas required a more thorough or deep clean
- some areas such as the the oven and extractor fan required to be on the cleaning checklist to ensure they were periodically cleaned
- guidance was required for staff regarding the use, laundering and then storage of clean mop heads to ensure that it was undertaken in a hygienic manner
- arrangements for refilling antibacterial gel and guidance for staff required review
- some risk assessments required review to ensure all risk assessments were still required and that control measures were still accurate
- review of the oversight tools was required in relation to the oversight of the cleaning schedule in the centre and the IPC self assessment tool to ensure they reflected what actually took place in the centre and that it was reviewed every 12 weeks
- further review of outbreak management plans would be beneficial to ensure staff were guided on all the specific arrangements that the provider had in place, should an outbreak of infection occur in this centre, including review of isolation plans to ensure staff were adequately guided as to each resident's requirements and supports when isolating

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 Drogheda Supported Accommodation OSV-0002671

Inspection ID: MON-0035632

Date of inspection: 10/03/2022

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"> • provider six-monthly visits are required be on-site and unannounced to ensure any IPC risks would be identified These visits are now back onsite and are unannounced. Completed 01/04/22 • while the house was generally clean and tidy some areas required a more thorough or deep clean Cleaning company is now on site as of the 7th April from Monday to Friday. Staff completing deep cleaning on Saturday and Sunday. This will be reviewed after 1 month period and reduced or increased on the needs of the service. Completed 07/04/22 • some areas such as the the oven and extractor fan required to be on the cleaning checklist to ensure they were periodically cleaned New Cleaning checklists are now in place – oven and extractor fan cleaning has also been completed. Completed 13/04/22 • guidance was required for staff regarding the use, laundering and then storage of clean mop heads to ensure that it was undertaken in a hygienic manner New Guidance has been completed and now displayed in utility room and all staff have been advised the same. Completed 15/04/22 • arrangements for refilling antibacterial gel and guidance for staff required review Staff are no longer refilling antibacterial gel. When the bottle is finished a new one is now put in place. Completed 07/04/22 • some risk assessments required review to ensure all risk assessments were still required and that control measures were still accurate. This is currently been reviewed but is delayed due to cyber attack and should be 	

completed by 12/05/22.

- review of the oversight tools was required in relation to the oversight of the cleaning schedule in the centre and the IPC self assessment tool to ensure they reflected what actually took place in the centre and that it was reviewed every 12 weeks. Completed 15/04/22

- further review of outbreak management plans would be beneficial to ensure staff were guided on all the specific arrangements that the provider had in place, should an outbreak of infection occur in this centre, including review of isolation plans to ensure staff were adequately guided as to each resident's requirements and supports when isolating

This is currently been reviewed but is delayed due to cyber attack and should be completed by 12/05/22.

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	12/05/2022