



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

## Issued by the Chief Inspector

Name of designated centre:	Mullingar Centre 3
Name of provider:	Muiríosa Foundation
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	05 April 2023
Centre ID:	OSV-0005047
Fieldwork ID:	MON-0038643

## About the designated centre

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

Mullingar Centre 3, operated by the Muiríosa Foundation, is a modern bungalow based on the outskirts of Mullingar town. It is a full-time community house which provides support based on a social model for residents with severe to profound intellectual disabilities and physical care needs. The building design is suitable for individuals with high support needs and can accommodate a maximum of four individuals, both male and female. The residents are supported by a 24 hour staff team consisting of nursing staff, social care workers and support workers. There is a large entrance hall and wide corridors. There are four large double bedrooms, three of which are en-suite and one with a wet room. All bedrooms are personalised and designed to each individual's personal preferences. Each resident is supported to avail of community based facilities that are of importance to the individual and which reflects their support plan. A wheelchair accessible vehicle is available for use by the designated centre.

**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
Wednesday 5 April 2023	10:00hrs to 17:15hrs	Karena Butler	Lead

## What residents told us and what inspectors observed

This 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). This inspection was unannounced.

Overall, there were some good IPC practices and arrangements in place. However, some improvements were required in relation to staff training, premises, risk assessments, symptom observations, the centre's outbreak management plan, personal protective equipment (PPE), cleaning, and the usage and storage of equipment used for cleaning. These identified issues will be discussed further in the report.

The inspector met and spoke with the person in charge and several staff members who were on duty throughout the course of the inspection. The inspector had the opportunity to meet with all residents living in the centre. On the day of the inspection, two residents went out for lunch and in the afternoon all residents participated in music therapy.

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 and PPE in the form of a face mask were immediately available.

The inspector observed the person in charge and staff members on duty for the most part using PPE appropriately, in line with national guidance throughout the course of the inspection. In addition, the inspector found that there were adequate arrangements in place to support hand hygiene, such as disposable hand towels.

The inspector completed a walk around of the premises. Each resident had their own bedroom, which had adequate storage facilities for their belongings. Some residents shared the main bathroom facility due to it having more space and in addition, each resident had their own en-suite facility. The centre was clean and tidy in most areas, although some areas required a deeper clean. Additionally, some areas required repair to ensure they could be cleaned effectively.

At the time of this inspection, there had been no recent admissions to the centre. The person in charge and team leader confirmed that, there were no restrictions in regard to visiting the centre. In addition, residents were supported to have access to allied healthcare professionals as required.

Residents were supported during the COVID-19 pandemic to undertake safe leisure and recreational activities of interest to them, such as, completing memory and scrap books and going for drives and or walks. The centre had a back garden which contained a gazebo and a fairy garden area. Since government restrictions were

lifted, residents had been supported albeit slowly to re-engage in other activities of interest to them and to fully integrate back into the community. For example, residents were now going out for lunches and participating in music therapy.

There had been one recent complaint from a relative regarding their family member whereby they wanted them to have a more meaningful day and community access. Both the person in charge and the team leader assured the inspector that improvements in this area had already commenced and that they were already putting further plans in place to ensure that all residents had a more meaningful day. The family member had since remarked that they had found an improvement in this area.

Residents' rights were seen to be promoted with a range of easy-to-read posters and information supplied to them in an easy-to-read format regarding COVID-19 and IPC information. For example, there was information on hygiene promotion and vaccines. Staff members completed weekly meetings with residents and some meetings included information on IPC.

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

In general, the inspector found that, the provider was demonstrating capacity and capability to provide care and support in a manner that reduced the risk of healthcare associated infections. Some improvements were required, in relation to staff training, risk assessments and to the outbreak management plan.

There was an IPC policy and associated procedures in place at an organisational level, to guide staff on best practice in relation to IPC. At the time of the inspection the policy was under review and one addition was to include the breakdown of roles and responsibilities for all employees within the organisation.

The provider had arrangements for an annual review and six-monthly provider-led visits in order to monitor compliance levels in the centre. The findings of the annual review and two most recent provider-led visit reports were reviewed by the inspector and all included discussion around COVID-19. The most recent provider-led visit had occurred in November 2022. In addition, another person in charge with additional IPC training had completed an IPC-only audit of the centre in October 2022 and that audit was due for completion every six months.

The person in charge was the appointed IPC lead in the centre. There was a nominated staff member identified in the centre with overall IPC responsibilities, they had received additional training to support their performance of this role. The person in charge had completed a self-assessment tool against the centre's current

IPC practices and this was reviewed every three months. In addition, the centre's nominated IPC staff completed monthly audits in this area and had completed hand hygiene observations with some staff. The inspector was informed that the plan was to complete an observation with one staff per month. However, at the time of this inspection staff members were yet to receive hand hygiene competency assessments by an appropriately trained person.

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. However, some guidance in the plans required revision and more elaboration. For example, that clinical waste was to be stored for 72 hours (in an undisclosed location) before disposal to the outside clinical waste bin. In addition, more consideration was required with regard to resident isolation plans. This was to ensure residents could be isolated safely and that the location of PPE stations and staff entry and exit points was based on, clear rationale and minimised cross contamination. For example, when the plan was enacted during an outbreak, a staff member confirmed that they were unable to use recommended locations for donning or doffing stations outside of confirmed persons' rooms and were travelling back through one confirmed person's room after donning fresh PPE to go to support another confirmed resident in a different room down the hall. This posed a cross contamination risk to both residents and staff.

In addition to the outbreak management plan, there were a number of risk assessments conducted with regard to IPC and control measures listed. However, some risk assessments required review as they contained non applicable information. For example, referring to an isolation unit that was no longer in operation and some assessments were outside of the review period as prescribed by the provider. In addition, not all information in one resident's risk assessment and isolation plan matched. For example, one stated the resident would self-isolate if required and the other said that they would find it difficult to isolate.

The centre had an appropriate number of staff in place to meet the needs of the residents. Additionally, the provider had ensured there was a staffing contingency plan available if required. Staff in the centre had additional responsibility regarding housekeeping and environmental hygiene and there were sufficient staff employed in the centre to ensure the centre could be cleaned and maintained on a daily basis.

There were monthly team meetings occurring and meetings included discussion regarding COVID-19 and IPC. A staff member spoken with outlined the procedures to follow in the event of an outbreak of an infectious illness in the centre and another staff member explained how to clean a bodily fluid spillage.

The provider had ensured that the staff team had received a suite of training to support them in their role in preventing a healthcare related infectious illness within the centre. For example, staff had completed training on the basics of IPC, management of blood and bodily fluids, and standard and transmission based precautions.

In addition, according to the centre's training oversight document some staff were

overdue refresher training in hand hygiene and donning and doffing PPE. Furthermore, while staff were trained in how to complete a particular healthcare task they had not completed training in aseptic techniques specifically in the area of aseptic non touch technique in order to ensure the task was performed appropriately.

## Quality and safety

The provider had measures in place to ensure the wellbeing of residents was promoted. It was evident that the management team and staff were endeavouring to provide a safe, quality service to residents. Residents appeared comfortable in their home with support from staff who were familiar with their needs and preferences. However, improvement was required with regard to symptom observations, PPE usage, the premises and its cleaning.

Each resident had a hospital passport document in the case they needed to attend the hospital. It provided guidance as to how best to support them. There was other guidance provided to staff members in the centre on what IPC supports each individual required. Staff members spoken with knew the residents well, and were knowledgeable about their assessed needs.

There were systems in place to facilitate good hand hygiene, for example, disposable towels, warm water and soap for hand washing were available in the centre. Additionally, hand sanitising gel was available in several locations throughout the centre.

The provider had sufficient stocks of PPE and there were regular PPE stock control checks completed by a staff member. For the most part, staff members were observed to appropriately wear PPE in the form of a face mask. On occasions, the inspector observed some staff with their masks under their nose, which was not in line with best practice.

The inspector reviewed evidence of a system in place where staff were monitoring and recording symptoms for residents which may help to identify early symptoms of infectious illnesses. However, this was not always consistently being done and there was no evidence of staff self-monitoring and recording if any symptoms for themselves.

The person in charge and a staff member spoken with were knowledgeable of the waste management practices in place in the centre. For example, to use clinical waste bags and tie when two thirds full in the case of a confirmed infectious illness. The centre had a designated utility room and this was the area that staff completed laundry using a domestic washing machine. Each resident had their own wipeable laundry basket and their washing was completed separately. Staff were knowledgeable regarding temperatures for washing laundry and were aware of how to launder soiled clothing. For example, to use water-soluble laundry bags for the

laundering of contaminated garments if required.

The inspector completed a walk-through of the centre. It was found to be generally clean and tidy with for the most part consistent recording of cleaning conducted, however, some areas required a more thorough clean. For example, a resident's nail care set was observed to be stored in a dirty container, the medication crushing device was found to have some dust on it, some slight mildew was observed in the utility room and a vent of a resident's bedroom. In addition, some kitchen appliances required further cleaning as grease or food residue was observed on them, for example, the oven, extractor fan and the airfryer. Furthermore, some areas required a more thorough clean to ensure they were conducive for cleaning, for example, some taps had build up of limescale.

In addition, the house was found to be generally in a good state of repair. Some areas required repair to ensure they were fully conducive for cleaning. For example, the floor in the hall before entering one resident's bedroom required repair due to alteration work completed on the door frame. Some surfaces were peeling in some areas, such as a tray in a resident's en-suite bathroom and the wooden storage in the bathroom.

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 and mop heads were used to clean specific areas. However, staff spoken with were unfamiliar as to each colour to be used for each area. In addition, the inspector observed that, the two main buckets were stored outside. Based on the coloured buckets observed outside and from speaking with staff members, it appeared that the buckets due to be used to clean bedrooms and living areas were being used to clean bathrooms.

Learning from outbreaks from other centres and information on IPC was shared at the IPC management meetings. The person in charge had completed an analysis of learning after the last positive cases of COVID-19 in the centre and this learning was shared and discussed with the staff team. In addition, the provider had arranged for the house to be professionally cleaned and decontaminated following the last outbreak of COVID-19 in the centre.

## Regulation 27: Protection against infection

While there were some good arrangements and practices in place to manage infection control risks, improvement was required in a number of areas to ensure that the IPC procedures were in line with the standards.

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

- staff required additional training, for example,
  - hand hygiene competency assessments
  - while staff were trained in how to complete a particular healthcare task they

had not completed training in aseptic techniques specifically in the area of aseptic non touch technique in order to ensure the task was performed appropriately

- two staff were due refresher training in donning and doffing PPE

- three staff were due refresher training in hand hygiene

- review was required to staff members' adherence to wearing face masks appropriately in line with best practice
- the storage of buckets outside required review and staff members' adherence to the use of the correct colour buckets to use in each area
- improvements were required to ensure all surfaces were clean, for example, vents and kitchen appliances
- improvements were required to ensure all surfaces were conducive to cleaning, such as the surfaces of items in some bathroom facilities and some build up of limescale
- the centre's response plan and self-isolation plans in the case of an infectious illness did not guide staff in all areas, for example, with regard to storage of clinical waste or how to support residents confirmed positive of an infectious illness with regard to entry and exit points and PPE stations based on the assessed needs of the residents and the layout of the centre
- risk assessments required review to ensure all control measures listed were accurate, for example, with regard to the isolation unit
- there was no system in place to monitor staff for signs and symptoms of respiratory illness or changes in their baseline condition as advised by public health guidance and the system in place to monitor residents' symptoms was not consistently being completed.

Judgment: Not 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	Not compliant

# Compliance Plan for Mullingar Centre 3 OSV-0005047

Inspection ID: MON-0038643

Date of inspection: 05/04/2023

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• In line with Muiriosa Foundation hand hygiene policy, the infection control nurse will provide an educational session to PIC and IPC trained champion staff so that the practical element of hand hygiene training can be facilitated at a local level.</li> <li>• Staff will be provided with training in aseptic techniques.</li> <li>• Wearing of masks in line with best practice was discussed at team meeting on the 8th of May 2023</li> <li>• PIC will ensure mop buckets are stored correctly in shed, colour coded chart is in place for guidance to staff. This will also be refreshed at team meeting.</li> <li>• Deep clean completed, on-going spot checks completed by PIC.</li> <li>• Centre’s response plan under review and walk through of the plan with staff will be conducted.</li> <li>• Risk assessments reviewed.</li> <li>• As per organizational guidance under the directions of the IPC lead nurse in the Muiriosa Foundation, symptoms will be monitored as they present.</li> <li>• As per organizational guidance under sick leave policy and communicable disease policy staff are aware of how to recognize respiratory illness and other communicable diseases and are required to report promptly any symptoms of illness.</li> </ul>	

**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.	Not Compliant	Orange	30/06/2023