



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

Issued by the Chief Inspector

Name of designated centre:	Rusheen House
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	23 May 2023
Centre ID:	OSV-0005780
Fieldwork ID:	MON-0039776

About the designated centre

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

Rusheen House is a community residential service providing care and support to four male adults with an intellectual disability who have complex health and behaviour support needs. The service is located in a rural setting close to Sligo town. The centre comprises of a two-storey house with four bedrooms and several communal rooms which the residents share. Residents at Rusheen House are supported by a staff team, which includes both nursing and social care staff. The staff support provided is based on the needs and abilities of individuals; there are three staff working in the centre during the day and two waking staff supported residents at night. Residential services are provided in a person centred approach and the provider incorporates a holistic approach to care and support, identifying each resident as an individual, while ensuring a safe, warm, home like environment.

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
Tuesday 23 May 2023	12:00hrs to 16:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control (IPC) in Community Services (HIQA, 2018).

At the time of inspection, there were three residents at this designated centre. One resident was at home with their family. The inspector had the opportunity to meet with two residents during the course of the inspection. Both residents held conversations with the inspector, which due to their assessed communication needs were short conversations only and did not include discussions about infection prevention and control. In addition to meeting with residents, the inspector spent time speaking with four staff members and reviewing documentation to gather a sense of what it was like to live at this centre.

On arrival at the centre, the inspector met with two residents who were relaxing in the dining room while watching the television. The first resident greeted the inspector with a handshake and spoke briefly about their plans for the afternoon. The second resident told the inspector about areas of interest to them such as, feeding the birds and the animals on a farm nearby. The staff on duty told the inspector that this person was recovering from a recent period of illness. It was clear that the staff members on duty were familiar with the residents and their communication style and with their preferences. They were observed being attentive to their needs and their interactions were caring and respectful.

The residents at this centre participated in a variety of daytime activities. For example, on the day of inspection, one resident was at a structured day service which they attended on week days. Other residents attended structured sessional day services in the local area or participated in community based activities such as going for coffee, feeding the ducks, attending dog therapy and going to sporting events. It was clear that residents at this centre were engaged with their communities and had good opportunities for social interaction. In addition, the staff on duty told the inspector that all residents were supported to maintain relationships with their family members if they choose to do so. There were no restrictions on visiting to the centre at the time of inspection. However, the staff on duty said that if there was an outbreak of an infectious disease that the visiting arrangements would be reviewed.

This designated centre comprised one property. The provider had a number of measures in place to assist with the prevention of infection and control of its spread. A walk around of the residents' home found that it was comfortable and spacious in design. There was a safety pause system in place at all entry and exit doors. Although hand sanitiser and hand lotion was provided, the inspector found that some bottles had reached their expiry date and required replacement. In accordance with public health advice at the time of inspection, the staff on duty were not

wearing face coverings. However, these were available if required. Hand-washing sinks were available throughout the property and were appropriately equipped with soap and towels. Foot operated bins were used and these were lined appropriately and visibly clean. Signage relating to infection control was used in this centre, however, this was discreet and did not impact on the homely atmosphere. The inspector found that the information for visitors which was displaced at the front door required updating. In addition, there were two emergency contact sheets displayed in the kitchen. The information on each provided different advice regarding who to contact in case of an emergency. These matters were amended on the day of inspection. The out of date information was removed and updated to reflect the current arrangements used.

The inspector found that in general, the premises was in a good state of repair. However, some improvements were required. For example, some of the walls in the property showed signs of wear and tear, the floor covering in the kitchen was visibly dirty and there was an accumulation of dirt near the dishwasher. In addition, the kitchen cupboards had flaking surface areas which meant that they were difficult to keep clean. The inspector found posters displayed regarding the use of coloured cleaning cloths and a recently introduced mopping system. The person in charge told the inspector that these systems were not in full use at the time of inspection. This required review.

Overall, it was found that the residents living at Rusheen House appeared happy and comfortable in their home. Systems were in place to ensure that infection prevention and control measures were provided and monitored. However, some actions were required in order to ensure that measures used were consistent with the Regulation 27, and the national standards.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and Capability and Quality and Safety.

Capacity and capability

The inspector found that the registered provider had some systems in place to provide a safe service and to reduce the risk of healthcare-associated infections including COVID-19. However, some improvements were required with information displayed, hand hygiene arrangements used, cleaning systems in place and maintenance requirements which would further add to the effectiveness of the measures in place.

There were clear lines of authority and accountability and good oversight of infection prevention and control (IPC) measures in the centre. The centre was managed by a full-time person in charge. They were not available on the day of inspection. However, the inspection was facilitated by the staff member on duty and by a manager from another centre. This meant that if the person in charge was on

leave that alternative arrangements were in place.

A named COVID-19 lead worker representative and an outbreak response manager was appointed in the centre. In addition, the safety representative was identified and an infection prevention and control link nurse was available to provide support if required. At service level, the centre was supported by a senior management team and an infection prevention and control team who were available to provide support if any infection control or COVID-19 concerns arose.

The provider had arrangements in place to assess, monitor and review its performance in relation to infection prevention and control. The annual review of care and support and the unannounced six monthly provider-led audit were up to date. Actions from these audits were captured on the centres quality improvement plan which was reviewed recently. These actions included addressing matters in relation to cleaning and maintenance repairs which were outlined above. In addition, the person in charge had requested a specific infection prevention and control audit which took place in February 2022 and an environmental audit took place in May 2022. Staff told the inspector that a plan was in place to progress the areas for improvement found. A review of the quality improvement plan found that there was a named person responsible for progressing and completing these actions as identified.

Information and guidance was available in the form of health and safety policies, procedures and guidelines and those reviewed were up to date. The provider had a comprehensive COVID-19 folder which was reviewed by the inspector. This included a contingency plan which was reviewed in December 2022 and up-to-date guidance on public health advice in relation to COVID-19. This centre experienced an outbreak of COVID-19 last year. There was evidence of outbreak meetings which were held at that time. In addition, a post outbreak review meeting was held and this was well attended by the staff at the centre. Staff spoken with told the inspector about learning from the outbreak and of how this informed the centres contingency plan in order to ensure that it was fit for purpose for the future. The inspector found that the staff spoken with were knowledgeable and aware of how to act promptly if an infection prevention and control concern arose.

From the residents' perspective, each had an individual infection prevention and control contingency plan. These were person-centred in design and had specific guidance on what zones each person would use if required. Easy-to-read documentation in relation to infection prevention and control was available for residents use.

The inspector found that the staffing arrangements in place were appropriate to the assessed needs of the residents living at the centre during day and night-time hours. An on-call arrangement was in place if required and this was reported to be effective and consistency of care and support was provided. The inspector reviewed the staff training matrix and found that infection prevention and control training was up to date. Training was discussed with staff. They spoke about the importance of good hand hygiene, cough and sneeze etiquette and of the individual needs of each resident in relation to the risks associated with COVID-19. A review of the

documentation found that staff meetings were taking place on a regular basis and infection prevention and control was an agenda item.

The next section of this report will present findings in relation to the quality and safety of the service provided.

Quality and safety

The registered provider and management team were ensuring that the service provided was safe and in line with national infection prevention and control guidance for residential care facilities. However, some improvements were required with information displayed, hand hygiene arrangements used, cleaning systems in place and maintenance requirements to ensure best practice with IPC measures were consistently adhered to.

The residents living at Rusheen House had a range of assessed needs and access to healthcare services were facilitated as required. This included attendance at general practitioner (GP) and appointments and visits from allied health professionals such as occupational therapy (OT) and physiotherapy (PT).

The inspector found that infection prevention and control practices were part of the day-to-day routine in this designated centre. Staff were observed adhering to standard precautions on the day of inspection. They were practicing hand hygiene at appropriate intervals throughout the inspection and routine cleaning was taking place. Residents were involved through in infection prevention and control discussions through the use of formal residents meetings which were taking place on a regular basis. The nurse on duty told the inspector that informal discussions with individual residents were also used. For example, if a discussion on safe practices in relation to the prevention of the spread of infection was required and to support residents with good decision making.

The residents in this designated centre lived there full-time and there were no vacancies. Therefore, there was no requirement for specific IPC arrangements in relation to admissions, discharge or transfers out of the service.

As previously outlines, the inspector found that the premises provided was spacious and accessible for the residents living there. In general, it was clean and safe. However, improvements were required with the kitchen cupboards and the kitchen flooring provided. In addition, there were other maintenance issues identified by the provider through their audit systems. The nurse on duty provided assurances that a plan was in place to address these matter and the maintenance request system used in the centre was working effectively.

The inspector reviewed the staff handover folder. It contained a COVID-19 self-declaration form which was completed by the staff on duty. However, this required review to ensure that it was up to date with current public health advice at the time

of inspection. A handover sheet was used which contained a daily check list. This list included daily cleaning schedules and the inspector observed that cleaning of the kitchen was taking place on the day of inspection. The provider had systems in place for the laundering of linens and clothing. Staff spoken with were aware of the requirement for risk laundry separation, the use of alginate bags and were aware of the correct wash temperature to use to ensure that it was effective in the control of infection. Likewise, staff were aware of how to separate risk waste, where to locate risk waste bags and of how to store and dispose of these safely and in line with the provider's policy. In addition, there was some pieces of equipment used by residents in this centre, although none of it was shared among residents. Arrangements were in place to ensure that equipment was kept clean.

Although infection prevention and control practices were part of the daily routine in the centre, the inspector found that improvements were required with the cleaning cloth arrangements and with the mops system used. As outlined, the cleaning cloth system was not in use at the time of inspection. It was discontinued, however, the guidance and signage remained on display. In addition, a new mop systems was reported to be introduced by the provided. Parts of this system was in use, however, it was not fully operational and therefore not fully effective.

Overall, the inspector found that the care and support provided at this designated centre was of good quality and the environment provided was of a very good standard. Some improvements were required with information displayed, hand hygiene arrangements used, cleaning systems in place and maintenance requirements which would further add to the effectiveness of the infection prevention and control measures already in place.

Regulation 27: Protection against infection

The inspector found that the provider was meeting the majority of the requirements of the national standards for infection prevention and control in community services, and keeping the residents and the staff team safe. There was a clear lines of accountability and authority within the centre. There were sufficient staff in place. Audit systems were in place around IPC measures and when actions were required these were documented and plan put in place to progress them. Policies, procedures and contingency plans were used to guide staff practice, however, some practices required improvement as follows;

The system used to ensure that all hand sanitisers and hand lotions provided were up to date and fit for use required review. For example; the monitoring of expiry dates on hand hygiene products.

The system used to ensure that all signage in the centre was checked and updated regularly required review to ensure that it was clear and effective. For example, signage in relation to visitors, emergency contacts and use of cleaning cloths.

The arrangements in place to ensure the mop system introduced was working

effectively required review. For example, the use of the new mop system.

The arrangements in place to ensure that maintenance and repair requirements were completed in line with the provider's quality improvement plan. For example, painting of the centre, repairs to the some flooring provided and repairs to the kitchen units provided.

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 Rusheen House OSV-0005780

Inspection ID: MON-0039776

Date of inspection: 23/05/2023

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:

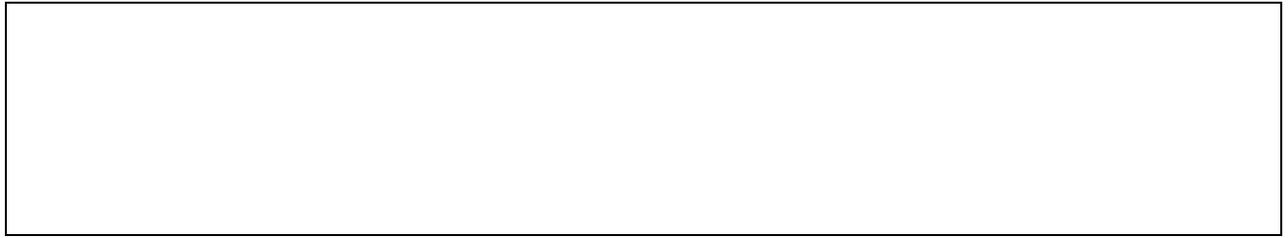
- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with Regulation 27 the following actions have been undertaken</p> <ul style="list-style-type: none"> • Hand Hygiene arrangements have been reviewed in relation to checking expiry dates of all hand sanitizers and hand lotions. A weekly audit now includes expiry dates for these products and this will be governed by the PIC to ensure compliance. Action Completed • Out of date signage has been removed from the center. All IPC signage now displayed is current and in line with current HPSC recommendations. The above weekly audit now includes current IPC signage to ensure it is in date. Action completed • The flat mop system has been fully introduced into the center. Training has been provided to all staff and the appropriate signage to use this system is in place. Action Completed • A deep clean of the kitchen was carried out following inspection and the kitchen floor cleaned thoroughly. Cleaning schedules for the Designated Centre have been reviewed to ensure the kitchen floor is cleaned when it is visibly dirty. Action completed <p>The following maintenance will be completed within the centre and have been added to the centers Quality Improvement Plan ,</p> <p>All internal walls will be painted. The kitchen units and doors will be replaced.</p> <p>To be completed by 15/9/23</p>	



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	15/09/2023