

eDeposit Ireland

Cloonlyon Service, OSV-0008089, 05 May 2022

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Cloonlyon Service, OSV-0008089, 05 May 2022', [report], Health Information and Quality Authority, 2022-07-06, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-04-20 02:52:18
Link to Item	https://hdl.handle.net/20.500.14765/106833



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

Issued by the Chief Inspector

Name of designated centre:	Cloonlyon Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	05 May 2022
Centre ID:	OSV-0008089
Fieldwork ID:	MON-0035457

About the designated centre

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

Cloonlyon Service provides a full-time residential service to four adults with a diagnosis of moderate to severe intellectual disability. The service comprises one accessible property based in a rural location within driving distance of a busy town. Support is provided by a team of nursing and healthcare assistants and includes waking night support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 5 May 2022	09:30hrs to 16:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspection was completed over one day and during this time, the inspector met with residents and spoke with staff. In addition to discussions held, the inspector observed the daily interactions and the lived experiences of residents in this designated centre.

Cloonlyon Service was a large accessible bungalow located in a rural location close to a busy town. This designated centre was registered by HIQA last year and the residents moved into their new home in November 2021. The inspector found that it was a very well presented home. It was spacious, bright, welcoming and in very good repair. Personal items such as photographs were displayed and there were fresh flowers in the sitting room. There were two comfortable communal areas provided which meant that residents had a choice of rooms for privacy or relaxation. There were four bedrooms in this property, one of which was vacant on the day of inspection. Two large shower rooms were provided and these were clean, tidy and equipment required by the residents was available for their use. There was a well equipped kitchen and shared dining space which was cheerfully decorated and very clean. The utility room to the rear of the kitchen was used for the laundering of clothing and linens, and for the storage of first aid items, cleaning products and cleaning equipment. The inspector observed a colour coded system used for cleaning cloths and mops heads. Furthermore, there was a wall mounted rack available for the safe storage of mops when not in used.

There were three residents in Cloonlyon Service on the morning of inspection. Two residents had finished breakfast and were relaxing in the larger sitting room. They did not speak with the inspector but were observed using gestures towards the inspector and with staff in order to express their wishes and needs. It was clear that the staff on duty were familiar with each resident's communication style and interactions observed were attentive, respectful and supportive. A third resident was relaxing in their bedroom which was very pleasantly presented. They smiled at the inspector and spoke with the person in charge about their birthday which they were looking forward to celebrating. On departing the bedroom, the inspector heard the resident asking for assistance to go to the living area. This was provided promptly.

A structured day service was not linked to this designated centre. The residents were reported to prefer a range of person-centred activities which were provided from their home. Trips to the community were organised and an accessible vehicle was available. For example, one resident attended a hair appointment on the day of inspection and there were a number of outings planned for the weekend. The person in charge told the inspector that residents had settled into their new home very well and that there was a marked improvement in their quality of life. They also said that residents had good contact with their family members. This was facilitated through visits to the service and regular telephone conversations during which the

residents were provided with support from the staff on duty.

On arrival to the designated centre, the inspector was met by a staff nurse and the person in charge. There were two points of entry at the front of the property. The inspector found that the provider had measures in place at the main point of entry to prevent and control the risks associated with COVID-19. These included a temperature check, a symptom declaration and a recording process which ensured that details of those that entered the centre were documented. The inspector noted that hand sanitiser was available, along with a box of face masks and a foot operated bin where masks were discarded after use.

Hand washing facilities were available in the kitchen and in the bathrooms. Hand soap, paper towel and foot operated bins were provided. Staff were observed to be practicing good hand hygiene throughout the day and were wearing FFP2 face masks. There were sufficient supplies of personal protective equipment (PPE) available in the centre, including gloves, aprons, and both medical grade and FFP2 masks. In addition, the inspector noted that staff were completing routine cleaning tasks and that there was a range of information posters relating to COVID-19 on display. However, these were found to be discreet and did not impact on the homely atmosphere in the centre.

Information regarding safe visiting was available on the hall table. There were no visiting restriction in place on the day of inspection. The person in charge spoke with the inspector about a significant COVID-19 outbreak which occurred recently. They explained that restrictions were in place at that time but were now removed. The inspector had the opportunity to speak with all staff members on the day of inspection. They spoke openly about the recent outbreak and how they supported residents to understand the public health requirements in place. They said that residents found the staff use of full personal protective equipment (PPE) strange at first, but with support they gradually became accustomed to it. They also said that residents found it difficult to identify different staff members when they were wearing PPE. The inspector observed a photograph-based staff rota on display which helped with this and staff told the inspector that they used regular verbal updates so that residents would know who they were.

In summary, Cloonlyon Service provided calm and comfortable living accommodation for the residents where systems and processes were in place to prevent and control the spread of infection. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Good governance arrangements and reporting relationships were in place in this designated centre and this ensured that a good quality and safe service was provided. However, some improvements were required in the oversight of these arrangements, to ensure that they were reviewed, fit for purpose and in line with up-to-date public health guidance.

As previously described, the person in charge was present on the day of inspection and the director of services and the area manager met with the inspector during the day. The person in charge was aware of their overall responsibility for infection and prevention oversight and were of the supports available to them. The structure included a clinical co-ordinator role and a lead worker representative under the COVID-19 Return to Work Safely Protocol (Health and Safety Authority, 2020).

The staff roster was reviewed and the inspector found that it provided an accurate reflection of the staff on duty on the day of inspection. There were two staff nurses and one healthcare assistant available to provide care and support. Staff meetings were taking place on a monthly basis and access to support and supervision meetings was provided. A comprehensive on call arrangement was in place. This included an on-call staff rota. These staff were reported to know the residents well and therefore consistency of care was provided. Furthermore, a system of 'governance cover' was in place for staff should it be required. This meant that staff knew who to contact should an emergency arise.

Staff had access to infection prevention and control training as part of a programme of continuous professional development. Modules included; infection prevention and control, hand hygiene e-learning programme and practical session, healthcare waste management and biological hazard management. The inspector found that staff were knowledgeable regarding the learning attained through attendance at their training modules. Furthermore, staff had access to a COVID-19 folder which held information on current public health information and guidance.

The provider had a number of measures in place to assess, monitor and review its performance in relation to infection prevention and control. These included a quality improvement plan with reference to regulation 27 and an up-to-date COVID-19 self-assessment tool. The six-monthly provider-led audit was completed recently and made available by the person in charge. There was a site specific safety statement, a site specific risk register and individual risk assessment available on residents' files. In addition, there were a number of protocols and internal audits available for staff use. These included a commode cleaning protocol, a mop cleaning protocol and day and night-time cleaning schedules. These were found to meet with the centre's requirement and were up to date. However, the inspector found that the COVID-19 risk assessment required review to ensure that it was up to date. Furthermore, some individual risk assessments required review to ensure that they were fit for purpose and in line with current public health guidance.

As previously mentioned, this designated centre experienced a COVID-19 outbreak this year. The provider had site specific facility preparation plan in place and staff spoken with were aware of how to act promptly if required. The inspector found that the preparation plan advised an audit of outbreak learning and this was marked as

complete. However, although a meeting was planned for an agreed date this month, it had not occurred and therefore was ongoing. Furthermore, the preparation plan did not provide guidance for staff on where to don or doff PPE or provide advice on entry and exit arrangements to be used in the centre during an outbreak. Individual COVID-19 support and care plans were in place for residents. These were comprehensive and there was evidence that most had been reviewed in light of the recent outbreak.

The next section of this report explores how the governance and oversight arrangements outlined above affects the quality and safety of the service being provided.

Quality and safety

The standard of care and support provided in this designated centre was found to be of a high standard which ensured that the residents living there were receiving a good quality and safe service.

The residents living in Cloonlyon Service used a mix of verbal and non-verbal communication and staff were observed to be familiar with their individual communication styles. Residents were provided with information regarding IPC in line with their level of understanding and this was available in easy-to-read formats. The staff on duty told the inspector that where appropriate family members assisted with decisions required in relation to IPC for example, COVID-19 testing, isolation periods and vaccinations.

Residents had comprehensive support plans in place. These included nursing care plans and intimate care plans which were person-centred and up to date. A review of these documents provided evidence of residents' access to a general practitioner (GP) and members of the multi-disciplinary team. For example, residents attended regular neurology appointments, diabetic clinics, and dental and chiropody clinics. In addition, they had access to national screening programmes, such as; the HSE bowel screening programme, and there was evidence of input from the speech and language therapist, occupational therapist and physio therapist as required. This meant that a circle of care was in place for each resident which ensured their healthcare needs were attended to.

The inspector found that the staff on duty had good knowledge of the standard precautions required to prevent and control the spread of infection and there were systems and processes in place to ensure that IPC was part of the routine delivery of care. For example, cleaning was taking place on the day of inspection and a review of the transport used showed that it was clean, tidy and that this standard was maintained after each journey. However, as previously mentioned, there were two entrances at the front of this property, both of which were in use on the day of inspection. Furthermore, there was a backdoor which provided access to the clothes line and a paved relaxation area. The inspector found that the hand sanitising points

in these areas required review to ensure that they were in place, well stocked and fit for purpose. The person in charge ensured that these improvements were addressed on the day of inspection.

A walk around of the centre showed that designated centre was very clean and tidy. This property was recently renovated and in very good repair. The bathrooms had floor-to-ceiling tiling provided and the equipment used was individual to each resident. The provider had ensured that systems were in place for the laundering of clothing and bedding, and the management of household and risk waste. There was an adequate supply of cleaning products, dissolvable laundry bags and risk and non-risk waste disposal bags available and staff were aware of how to use these.

Overall, the inspector found that this was a very clean, tidy and organised service where the staff on duty were aware of residents' needs and knowledgeable of the practices required to meet those needs. The provider and the person in charge had ensured that infection prevention and control systems and procedures were in place and that the staff were aware of how to use these. However, some improvements were required in the oversight of these arrangements, to ensure that they were reviewed, fit for purpose and in line with up-to-date public health guidance.

Regulation 27: Protection against infection

The provider had generally ensured that there were procedures in place for the prevention and control of infection. These included a safety pause at the point of entry and exit, availability of hand hygiene stations and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including infection prevention and control policies and protocols, risk assessments and individual isolation plans. There was a site specific COVID-19 preparation plan in place which provided guidance on the actions to take if required and plans in place to review and learn from a recent outbreak in the designated centre.

However, improvements were required to the provider's oversight of arrangements, to ensure that they were reviewed, fit for purpose and in line with up-to-date public health guidance.

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 Cloonlyon Service OSV-0008089

Inspection ID: MON-0035457

Date of inspection: 05/05/2022

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> <p>Individual risk assessment for 1 resident has been reviewed and updated so that it is individual and person centered.</p> <p>Covid 19 risk assessment for the center has been reviewed and updated.</p> <p>Facility preparation plan has been reviewed in light of recent outbreak of covid 19 in the center, the updated plan includes some changes in light of learning from the outbreak, including entry & exit arrangements to be used in the center during an outbreak, and the PPE donning/doffing areas for staff during an outbreak.</p> <p>Hand hygiene stations are now available at all entry points, a wall mounted shelf has been placed beside the 2nd front door holding hand sanitizer and masks. Hand sanitizer has also been placed at the rear exit in the utility room. A wall mounted paper tower dispenser has been placed in the utility room near the sink.</p> <p>In relation to the covid outbreak at the center in March 2022 and learning from this, the area manager and PIC scheduled and met with community IPC nurse practitioners at the center, and a review of current cleaning schedules and IPC management took place, arrangements are being made for the recommendations from this meeting to be implemented by the PIC.</p> <p>Visitor guidelines have been updated to reflect current up to date public health advice in line with national guidelines.</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	23/05/2022