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Rockfield House, OSV-0005716, 14 July 2022

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

Issued by the Chief Inspector

Name of designated centre:	Rockfield House
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	14 July 2022
Centre ID:	OSV-0005716
Fieldwork ID:	MON-0035935

About the designated centre

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

Rockfield House is equipped to provide care and support for a maximum occupancy of five adult residents. Each resident has their own bedroom which are decorated to their individual style and preference. It is a residential service that supports and facilitates residents, who have intellectual disability or autism spectrum disorder, to live full and valued lives in their community while at all times ensuring that stability, good health and well-being is achieved. At Rockfield House, the residents are provided with a comfortable, homely and well maintained environment, conducive to meeting their assessed needs and in-keeping with a calm and professional approach to the care provided. It is a five bedroom detached dormer house with adequate parking facilities and is located near a town in County Westmeath. Systems are in place to ensure the health and social care needs of the residents are comprehensively provided for and as required access to GP services (and a range of other allied healthcare professionals) form part of the service provided to residents. The centre is managed by an experienced and qualified social care professional who is supported in their role by a team of social care workers and support workers.

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 14 July 2022	10:00hrs to 17:30hrs	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 National Standards for Infection Prevention and Control in Community Services (2018) and the associated regulation (Regulation 27: Protection against infection). This inspection was unannounced.

Overall, the inspector found good IPC practices and arrangements in place. Guidance in place was found to be in line with national guidance and staff members spoken with appeared familiar with the latest updates.

The inspector met and spoke with the person in charge, the staff members who were on duty throughout the course of the inspection, and met with all five of the residents who lived in the centre. The inspector also observed residents at different times in their home as they went about their day.

On arrival prior to entering the centre, the inspector met with all five of the residents. Three of the residents were about to leave to go for a walk and an ice-cream. Another resident was leaving to attend appointments and the last resident was leaving to attend an external day service.

The person in charge guided the inspector through the infection prevention and control measures necessary on entering the designated centre. There was a dedicated IPC station in the hall. The process included temperature checks, completing a symptom check form, hand hygiene in the form of hand sanitiser, and clean face masks available for use.

The inspector observed staff members appropriately using personal protective equipment (PPE), in line with national guidance throughout the course of the inspection.

The inspector completed a walk-around of the premises. Each resident had their own bedroom with adequate storage facilities. There were adequate numbers of bathroom facilities in the centre to cater for residents, staff and visitors. Each resident had an en-suite bathroom. The house appeared to be visibly clean and well-maintained.

Staff members employed in centre were responsible for the cleaning and upkeep of the premises on a day-to-day basis. This was with regard to both the routine and enhanced cleaning tasks that were implemented at the start of the COVID-19 pandemic. There was a cleaner employed by the organisation who attended the centre for one day a week to complete a deeper clean of the centre and they were present on the day of the inspection.

The centre had vehicles which were used by residents to attend appointments and

activities, and there was a cleaning protocol in place for the vehicles.

The inspector found that there were arrangements in place for hand hygiene to be carried out effectively, such as warm water, soap and disposable hand towels in communal hand-washing areas. There were a number of hand-sanitising points located throughout the centre and all were in good working order.

At the time of this inspection there had been no recent admissions or discharges to the centre. Visiting arrangements were found to be in line with national guidance. Residents were supported throughout the COVID-19 pandemic to undertake safe leisure and recreational activities of interest to them, such as jigsaws and out door dining. Since government restrictions were lifted, residents were supported by staff members to engage in activities of their choice. For example, one resident chose to attend their external day service once it reopened.

Residents' rights were seen to be promoted with a range of easy-to-read documents, posters and information supplied to them in a suitable format regarding COVID-19 and IPC information. For example, how to use face coverings and how to social distance. There were weekly resident meetings and regular one-to-one key-working sessions completed with residents. Topics included, discussions around hand hygiene, cough etiquette, COVID-19 guidance, what isolation meant, and why would someone need to isolate. One resident communicated to the inspector that staff encouraged them to clean their hands.

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

The inspector found the governance and management arrangements were effective in assessing, monitoring and responding to infection control risks and had adequately monitored care practices in the centre. The provider demonstrated that there were adequate arrangements in place to determine and oversee performance in this area.

There was a clear organisational chart to demonstrate reporting structure and accountability in relation to IPC and how to escalate risks.

There was a recently reviewed IPC policy and there were other procedures and guidances in place at an organisational level to guide staff appropriately. It was clear that these were informed by best practice and updated when required. For example, the organisation had recently updated their guidance to staff on PPE in line

with national guidance.

There was an IPC lead and practitioner within the organisation. The centre's lead was the person in charge and a staff member within the centre was assigned the role of an IPC officer.

The person in charge had completed a self-assessment tool to assess the centre's current infection prevention and control practices and there was evidence to suggest it was reviewed every 12 weeks.

There were monthly IPC audits completed by the provider and the provider had also arranged for an external clinical nurse to undertake an audit within the centre in June 2022. Any recommended actions were completed by the time of this inspection. In addition, there were weekly IPC spot checks completed within the centre.

Staff had received training to support them in their role such as, the management of blood and bodily fluid spills, donning and doffing PPE, hand hygiene, and standard and transmission based precautions. The centre's IPC officer was due to complete additional training in the coming weeks, in order to ensure they had the necessary resources and knowledge to fulfil the role.

It was evident that IPC risks and care practices were considered with regard to staffing and planning. The inspector was satisfied that the skill mix and the specialist advice at the time of inspection was sufficient. Staff members were aware of the procedures to follow and who to contact if they required advice or in the event of an outbreak.

There were monthly team meetings occurring and some meetings had included discussion regarding COVID-19 and IPC. IPC was recently added to the team meeting agenda as a permanent topic for discussion. The person in charge had completed IPC competencies with all staff members in the centre.

Quality and safety

Good practices were observed in relation to the delivery of person centred care and in some of the local implementation of infection prevention and control procedures. The physical environment was found to be clean and safe which helped to minimise the risk of acquiring a healthcare-associated infection.

All residents had a hospital passport document and there were clear plans and guidance in place to guide staff as to how to support residents with specific healthcare requirements.

There were systems in place to promote and facilitate hand hygiene, such as antibacterial gel available in several locations in the centre and hand hygiene guidance was available for staff members and residents in different locations.

The provider had sufficient stock of PPE and staff were observed to wear it in line with their training and best practice. A staff member was able to describe to the inspector how to appropriately don and doff PPE as required, if there was a suspected or confirmed case of an infectious illness.

The inspector found good evidence that staff were routinely monitoring and recording for symptoms for themselves and residents, which may help to identify early symptoms of infectious illnesses. From a review of the symptom observation logs for staff members and residents, the inspector found them to be recorded in line with the organisation's guidance and completed twice per day. There were also procedures for recording visitors' symptom observations and temperatures upon arrival to the centre.

Laundry was completed on site using a domestic washing machine. The person in charge and a staff member informed the inspector the centre had water-soluble laundry bags for the laundering of contaminated garments on site. There was a laundry protocol in place for each resident's laundry. Each resident had their own plastic laundry baskets and they were found to be clean. In addition, there was guidance in place for staff on how to clean the washing machine and a recording system in place to document when the task was completed.

The inspector completed a walk-through of the centre. The premises was found to be generally clean and tidy with clear recording of cleaning conducted. Slight mildew was observed on the window reveal of one resident's bedroom. This was cleaned by the organisation's cleaner prior to the end of the inspection. There was a system in place to monitor for signs of mildew and the provider had plans in place to ensure the guidance in relation to this monitoring was reiterated and made clear to all staff members.

Equipment used to support resident's with specific healthcare needs were found to have a cleaning guidance and recording system in place. A staff member spoken with was aware of the procedure and explained that any parts requiring to be replaced were replaced on a monthly basis. There was a system of ordering those parts in place and this was confirmed by the person in charge.

There were arrangements in place to manage general waste. The person in charge spoke of the arrangements in place with regard to waste management and removal of clinical waste if required.

There was a colour-coded system in place for cleaning the centre, to minimise cross contamination. guidance was prominently displayed in a number of areas in the centre. Mops and buckets were found to be appropriately stored and mop heads laundered in a manner that minimised infection risk.

There were clear outbreak management plans at an organisational level and the centre had clear outbreak plans in place regarding COVID-19 and other infectious

illnesses specific to the centre. Residents had an individual COVID-19 isolation plan in the event that they were required to isolate or restrict their movements. Outbreak management meetings were completed as appropriate. In addition, analysis of outbreaks were completed and discussed at management meetings and team meetings.

Regulation 27: Protection against infection

Overall, the provider had put in place systems and processes that were consistent with national guidance and with the National Standards for Infection Prevention and Control in Community Services (2018). They had supported staff to deliver safe care and maintain a good level of infection prevention and control practice in the centre.

Strategies were in place for the management of an outbreak of an infectious disease and it was evident that practices were in place to minimise the chances of any outbreak from occurring. Residents had been supported to continue to have a meaningful day throughout the COVID-19 pandemic, and had been supported to understand any restrictions when they were required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Compliant