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Moorefield House, OSV-0001959, 02 September 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:	Moorefield House
Name of provider:	L'Arche Ireland
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	02 September 2022
Centre ID:	OSV-0001959
Fieldwork ID:	MON-0036428

About the designated centre

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

Moorefield House consists of a two story detached house, including an adjoining apartment, located in a village area. The centre can provide a home for up to four residents, each with their own bedrooms, and also provides bedrooms for volunteers working for the provider. This centre also contains a kitchen/dining area, sitting room, laundry room, a staff office and bathrooms. The centre provides 24 hour residential care and support for those who have mild to severe intellectual and physical disabilities, over the age of 18 years, both male and female. Support to residents is provided by paid staff members and live-in volunteers in line with the provider's model of care. The centre does not provide emergency admissions and residents avail of day care service facilities in the surrounding area.

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
Friday 2 September 2022	09:30hrs to 13:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was a short term announced inspection, completed to monitor the levels of compliance in the centre 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 in Community Services (HIQA, 2018). The inspection took place during the COVID-19 pandemic and therefore measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included wearing personal protective equipment (PPE) and regular hand hygiene throughout the inspection day.

There were four residents living in the centre on the day of inspection. All residents were out attending activation on the morning of the inspection. Two residents returned to the centre in the afternoon, and the inspector had the opportunity to meet with them briefly. Both residents appeared happy and comfortable in their home.

The inspector started the day with a walk around the designated centre. The premises was a two storey detached house located in a small town in Co.Kilkenny. The residents all had their own bedrooms and the premises also had bedrooms for volunteers working within the service. The house also had a kitchen/dining area, sitting room, laundry room, a staff office and bathrooms. One resident had their own separate living space where they had their bedroom, an en-suite a kitchenette and living room. In general, the house appeared warm and homely. Some aspects required maintenance works such as repainting, as discussed in other sections of this report.

Residents appeared to enjoy a range of person centred activities and training programs daily. The provider was running a number of these including a culinary training program, arts and crafts, gardening sessions, and workshops. Some residents also regularly enjoyed activities such as horse riding, music, salt therapy and aerobics classes. Accessible versions of the residents activation schedules were observed hung in the centres kitchen on the day of inspection, along with pictures of the residents.

The staff team comprised of a person in charge, team leader, a deputy team leader and volunteer workers. There was a full time person in charge in place who had regular oversight of the service provided to the residents. Residents experienced weekly "core member" meetings with staff and peers where topics including menus, complaints, activities and personal goals were regularly discussed.

Overall, the inspector found that residents appeared very happy living in Moorefield house and were enjoying a person-centred and safe service. However, some improvements were required to ensure higher levels of 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 in Community Services (HIQA, 2018).

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 with respect to infection prevention and control.

Capacity and capability

Overall the provider had systems in place for infection prevention and control in the centre. However, there were a number of improvements required. Following a recent inspection in another designated centre, the provider had for the most part, self identified areas in need of improvements and staff and management were in the process of implementing systems and controls to ensure that residents were protected against healthcare associated infections.

There were clear governance arrangements in place, with a full time person in charge and team leader appointed to the centre. Some improvements were required to ensure that the provider and the management team had adequate oversight of infection prevention and control (IPC) measures in the centre. There were a number of audits and reviews which took place regularly in the centre. These included an unannounced six monthly audit, a health and safety audit and an annual review of the care and support. However, none of these fully audited or reviewed infection control systems in the centre. The provider had recently self-identified this and was in the process of drafting an IPC audit template on the day of inspection.

The staff team in place comprised of a team leader, a deputy team leader and volunteer workers. A community nurse was also available to support the centre and the residents when required. Vetting procedures and training programs were in place for all volunteers prior to their starting work in the centre. All staff and volunteers had completed training in areas including hand hygiene, infection prevention and control and donning and doffing personal protective equipment (PPE). Staff meetings were held regularly and COVID-19 and cleaning procedures were regularly discussed at these.

COVID-19 continued to be a focus in the centre and the provider had ensured that systems were implemented to protect the residents against the risk of COVID-19. The person in charge was regularly completing self-assessment reviews for the centres preparedness for an outbreak. The centre had experienced an outbreak of COVID-19 and this appeared to be managed well. The management team had completed an outbreak review following the positive cases which highlighted what worked well and areas for future learning. The centre had also developed a COVID-19 contingency plan for managing an outbreak. While this was individualised for managing each residents care in the event of them testing positive, the plan in place did not include centre level management systems such as escalation pathways,

waste management procedures and staffing contingency arrangements. Furthermore, the service had not identified an IPC lead or link within the service to manage any COVID-19 or infection control concerns or risks.

The provider had a clear policy in place for infection prevention and control systems. This was comprehensive and was subject to regular review. The provider had self-identified that at times, centre level cleaning protocols required review to ensure they were always guiding daily staff practices and were working towards developing more centre specific protocols.

Quality and safety

Inspection findings indicated that, overall, residents were enjoying a safe and effective service in Moorefield House. However, there were some improvements required to ensure that the provider regularly reviewed the quality and safety of care provided, with regards to infection prevention and control procedures and to ensure that systems in place were in compliance with regulation 27 and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

In general, the premises appeared visibly clean on the day of inspection and was designed and laid out to meet the current needs of the residents. However, some areas required review. The inspector noted areas of paint peeling on some walls, rusting radiators, and chipped flooring, storage presses and skirting boards. One resident had an en-suite bathroom that required re-furbishing. Areas of stained grout were noted, along with peeling paintwork and linoleum. This meant that deep cleaning could not be facilitated in all of these areas. The inspector noted dampness on the ceiling of one area of the centre upstairs where a leak in the attic had occurred. The provider had self-identified all of these areas and was working towards addressing areas in need of re-painting or replacing. Hand gels were not noted as readily available and close to all points of care during the walk around the centre.

Residents appeared to be supported to manage their health and were kept informed about infection control practices and COVID-19. All residents had been supported to partake in the COVID-19 vaccination program. One resident had undertaken a de-sensitisation program with staff prior to receiving their vaccine. A listening group had been held with a residents and a member of management, where COVID-19 was discussed and information videos were shared with residents. Some social stories had also been used with residents to discuss COVID-19 and testing procedures.

There were schedules in place for regularly cleaning all rooms in the designated centre. Staff were diligently ensuring that these were adhered to daily. However, some protocols and schedules required review. There were no records or schedules in place for regularly checking and cleaning less frequent areas such as residents bed frames, mattresses and upholstery in the centre. There was a storage facility for

mops outside of the centre. However, the location of this did not ensure that mops could be fully clean and dry between uses and was not protected from outdoor weather condition. There was no clear cleaning protocol or appropriate cleaning products in place in the centre for managing and cleaning bodily fluid spills such as vomit or blood. As previously identified, outstanding premises works meant that deep cleaning could not always be facilitated in all areas of the designated centre.

Regulation 27: Protection against infection

There were systems and guidelines in place for infection prevention control and it was evident that staff and management were striving to promote quality and safety in the centre. However, improvements were required to comply with Regulation 27 in the following areas:

- A number of outstanding premises works were noted in the centre. This meant that deep cleaning could not always be facilitated in all areas of the designated centre.
- Some improvements were required to ensure that the provider and the management team had adequate oversight of infection prevention and control measures in the centre through audit and review systems.
- The COVID-19 contingency plan in place did not include centre level management systems such as escalation pathways, waste management procedures and staffing contingency arrangements
- At times, the policy and the centre level cleaning protocols required review to ensure they were always guiding daily staff practices. There was no clear cleaning protocol or appropriate cleaning products in place in the centre for managing and cleaning bodily fluid spills such as vomit or blood
- Hand gels were not noted as readily available and close to all points of care during the walk around the centre.
- Storage systems for mops did not ensure that mops were protected from outdoor weather conditions and always clean and dry between uses
- Cleaning schedules did not always include checking and/or cleaning less frequently cleaned areas in the designated centre.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Moorefield House OSV-0001959

Inspection ID: MON-0036428

Date of inspection: 02/09/2022

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	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"> • The PIC is in the process of developing an IPC Protocol Folder which will give clear instructions on all aspects of IPC to ensure the center is in compliance with Regulation 27. 1st November 2022 • Register Provider is in the process of adding a more detail piece around IPC Audit in the annual review and as part of the 6 monthly unannounced inspections. Oct 2022 • PIC has developed an IPC Audit Tool for use within the Center to use in conjunction with Health and Safety Audit Tool. Completed September 2022 • PIC in conjunction with House Leader with draw up a list of essential works and repairs that are required to meet IPC requirements and ensure that these are carried out within a timely manner. Nov 2022 • Areas that require painting have been identified and waiting on painter to start. Nov 2022 • New storage unit got for the storage of Mops & Buckets Completed Oct 2022 • Quote has been received for the work on 1 residents' bathroom. Waiting on Start date. Completed by 30th Nov 2022 • Hand Gel are more readily available in different areas throughout the house for use & especially where personal care is being carried out. 	

Completed September 2022.

- Spills Kits has been purchased for the center to ensure good IPC for the cleaning of bodily fluids such Blood & Vomit. Completed September 2022
- A cleaning schedule has been developed for the cleaning of less frequent items such as mattress checks, bed frames, upholstery, curtains etc.
Completed Sept 2022
- A new contingency plan will be developed to identified more details for the over all running of the center in the event of an outbreak.
31st October 2022

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	30/11/2022