



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

Issued by the Chief Inspector

Name of designated centre:	Moonvoy
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	11 March 2022
Centre ID:	OSV-0003284
Fieldwork ID:	MON-0035737

About the designated centre

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

Moonvoy is a designated centre that provides care and support for four adults with an intellectual disability, who have low support care needs- including some support with activities of daily living and intimate care. Residents are supported to attend work and recreational activities and to engage actively in their community. The facility is a two storey, five-bedroom, community-based house situated near a seaside town. Moonvoy was built in 2004 to include a sitting room, reception room and kitchen/dining area leading to the fully enclosed private garden. Each resident is provided with a single, en-suite bedroom in order to provide adequate privacy. Transport is provided by WIDA to assist residents in accessing work, education and recreational opportunities. The facility is a well lit, heated and ventilated space, which is appropriately maintained, serviced and cleaned by support staff. The aim for the residential service offered by WIDA is to provide a comfortable, homely and welcoming environment which meets individual service users needs, supporting and encouraging development. WIDA is committed to supporting service users to establish and maintain links within their community. Moonvoy is open all year round.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 11 March 2022	08:50hrs to 15:15hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the designated centre's level of compliance with Regulation 27 and the Health Information and Quality Authority's (HIQA) *National Standards for infection prevention and control in community services*. This was the centre's first inspection which focused only on Regulation 27.

This inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff in line with national guidance for residential care facilities. This included the use of personal protective equipment (PPE) and regular hand hygiene.

The residents' home was a two-storey detached house located in a seaside town. During the inspection, the inspector met with three of the four residents that lived there. Two of the residents welcomed the inspector on arrival to their home. The inspector showed residents their identification and explained the purpose of their visit. Residents were getting ready to go to day services, however they chatted with the inspector and showed them their bedrooms before they left. The inspector also met with the residents on their return from day service. One resident had decided that they wanted to stay at home on the day of the inspection, and this choice was facilitated. This resident agreed to meet the inspector as they relaxed watching television and had their lunch. They were observed interacting with staff members and their environment and while they declined to engage with the inspector, it was evident that they appeared comfortable and relaxed in their home.

The residents' home was clean, warm and suitably decorated. Residents' bedrooms were personalised to meet their individual preferences and interests. They were decorated with personal items including photographs and artwork. One resident told the inspector that staff members helped them to keep their bedroom clean and tidy. One of the residents had a dog. It was observed that they were supported to care for their pet, and that the dog was much loved by all of the residents in their home.

Overall, it appeared that residents were happy and comfortable living in the centre. 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, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

Capacity and capability

The purpose of this inspection was to monitor the designated centre's level of

compliance with Regulation 27 and HIQA's *National Standards for infection prevention and control in community settings*. The inspector found that the provider was providing a good standard of individualised care and support to residents. There was evidence of a good standard of management and oversight systems in place.

Residents were supported by a consistent team of care assistants and social care workers. There appeared to be an appropriate number of staff in place to meet the needs of residents. Staff working in the centre had received training to support them to provide safe and effective care in relation to infection prevention and control. This included training with respect to the use of PPE, hand hygiene and infection prevention and control. Some staff members had also completed additional training in the assessment and recognition of symptoms of COVID-19 in individuals with an intellectual disability. In addition, staff members had access to clinical expertise with regards to infection prevention and control from nursing staff in the organisation, if this was required.

Staff working in the centre had engaged in supervision meetings with the person in charge. The person in charge used this as an opportunity to discuss infection prevention and control concerns, and the associated control measures with staff working in the centre. Staff meetings were also held in the centre. The inspector observed the notes of the most recent team meeting. Infection prevention and control measures were discussed at this meeting. For example, COVID-19 protocols had been discussed, and as an action from a previous meeting, spill-kits had now been made available in the designated centre.

There were clear lines of authority and accountability in the designated centre. All staff working in the designated centre reported directly to the person in charge. The person in charge worked on a full-time basis and they held the role for this designated centre alone. They were also the manager of the day service that a number of the residents attended. The person in charge reported to the assistant director of services, who was also a person participating in the management of the designated centre. This individual reported to the director of services, who reported to the organisation's board of management.

An escalation pathway was available to staff working in the designated centre. This included an on-call management system, where staff members could contact a member of the local and senior management team outside of regular working hours. There were clear arrangements in place in the event the person in charge was absent from the centre.

Oversight of the designated centre was maintained in a number of ways. Six monthly-unannounced visits had also been carried out, in addition to the annual review of the service provided to residents. Health and safety audits were completed monthly by the person in charge. This audit reviewed health and safety issues including the measures in place to prevent the spread of transmissible infection and disease. Each month, audit findings were discussed at a health and safety meeting attended by local and senior management. This practice ensured oversight regarding the management and delivery of safe care and effective infection

prevention and control measures.

A self-assessment questionnaire had been completed to identify the registered provider's preparedness to deal with an outbreak of COVID-19. It was identified that this had been completed at senior management level, reviewing the measures in place for the whole organisation. This had not been completed at a local level to ensure the preparedness of this specific designated centre in the event of an outbreak.

Quality and safety

Residents appeared to enjoy a good quality of care and support in their home. It was evident that the management and staff team provided a good quality service to residents. With regards to infection prevention and control, some minor improvements were required to ensure the service provided increased compliance with the *National Standards for infection prevention and control in community services* (HIQA 2018).

The designated centre had a contingency plan which outlined the steps to be taken in the event of an outbreak of COVID-19 in the centre. This included a clear protocol for staff members in the event that a resident or a staff member presented with signs of a COVID-19 infection. One resident had recently recovered from COVID-19 infection. They had been supported to self-isolate in their bedroom in the designated centre during this time. Staff members had spoken with the other residents to let them know that this resident was self-isolating, but that they were well. In doing so, staff spoken with advised that they had provided residents with reassurance regarding the resident's COVID-19 diagnosis. Thankfully, this resident had recovered well and was out of isolation at the time of the inspection.

In line with the registered provider's contingency plan and guidance from the Health Protection Surveillance Centre (HPSC), the resident had been offered a nominated visitor. Staff members noted that they had declined this offer. Video calling had also been offered to the resident which they also chose not to accept. The resident was looking forward to visiting home on the evening on the inspection, and plans to go for a drink with a family member.

Residents were supported to engage in weekly house meetings. During these meetings, infection prevention and control was a regular topic of conversation. Staff members also facilitated discussion with residents regarding key elements of infection prevention and control including hand-washing.

Cleaning schedules were used in the designated centre. This outlined the areas to be cleaned each day, and also those that required less regular cleaning. A deep clean was completed in communal areas by staff members on specific days as outlined in the cleaning schedule. It was observed that supplies required for

cleaning including mop buckets, mop heads and a sweeping brush were outside in the rain. Mop buckets were filled with a high level of water. There was also build up of silt and dirt in the bottom of the mop buckets, indicating that they had been stored outside in the rain for some time. This practice was not appropriate. There was a colour coded systems in place for cleaning different rooms in the centre. However, there were only two mop heads available for the three distinct areas which would impact on the ability of staff to adhere to the colour coded system.

An infection prevention and control policy was available in the designated centre. This policy contained guidance on supporting residents with suspected communicable diseases and infections. It included guidance with respect to visiting precautions, the management of clinical waste, PPE and spillages. It also outlined the requirement for staff members to develop a care plan to support residents to manage a communicable disease in a timely manner, in consultation with the resident's general practitioner.

The inspector reviewed risk assessments and care plans that had been developed for residents with respect to infection prevention and control. Plans had also been developed to obtain residents' consent for participation in COVID-19 vaccination programmes. It was evident that such plans provided appropriate information and guidance to staff members about how to support residents in line with their assessed needs whilst promoting their independence.

Regulation 27: Protection against infection

Overall the inspector found that good practices were observed, some minor improvements were required to promote increased levels of compliance with regulation 27 and HIQA's *National Standards for infection prevention and control in community services*. This was observed in the following areas;

- A self-assessment questionnaire on the designated centre's preparedness for an outbreak of COVID-19 had not been completed.
- Cleaning equipment was not stored appropriately.
- There was not a sufficient number of mop heads for staff members to adhere to the colour coded system for cleaning areas of the centre.

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 Moonvoy OSV-0003284

Inspection ID: MON-0035737

Date of inspection: 11/03/2022

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> <ul style="list-style-type: none">-The HIQA self-assessment questionnaire will be completed for the specific designated centre by 30th April 2022.-Mops and buckets are stored in the shed which was available. Completed.-New mop heads were purchased and staff re-trained in the colour coded system. Completed.	

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	30/04/2022