



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

## Issued by the Chief Inspector

Name of designated centre:	The Pines
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	06 September 2022
Centre ID:	OSV-0005303
Fieldwork ID:	MON-0037859

## About the designated centre

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

The Pines is a designated centre operated by Nua Healthcare Services Limited. The centre provides residential care for up to four male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey house located on the outskirts of a town in Co. Laois, close to all local amenities. Residents have their own bedroom, some en-suite facilities, bathrooms, sitting room, kitchen and dining area, utility and access to a rear garden space. Staff are on duty both day and night to support the residents who live here.

**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 6 September 2022	11:20hrs to 15:00hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with regards to infection prevention and control, and was facilitated by the person in charge. Overall, there were very good practices observed over the course of this inspection and this will be further discussed in the subsequent sections of this report.

Upon the inspector's arrival to the centre, she was greeted by the person in charge, a staff member and also by one resident. This resident was relaxing in the dining area and spoke with the inspector for some time, about the care and support that they received. They were complimentary of the service delivered to them, stating they were very happy in their home and that they got on very well with the residents whom they lived with. This resident had a keen interest in art and showed the inspector various artwork that they had completed, and was later observed enjoying playing cards at the kitchen table. They also spoke highly of the staff support that they received, which enabled them to get out and about in their local community, where they enjoyed going shopping and to the cinema. They told of their up-coming birthday plans and of how they were looking forward to celebrating this with staff, friends and family. This resident had a very good understanding of public health safety guidelines and told of how they wore their mask, when out and about in the community. Due to their healthcare needs, they did require the use of respiratory equipment and told the inspector of how they took responsibility for the cleaning of this equipment, with the support of staff, as and when required. Later that morning, another resident returned to the centre after being out and about in the community. This resident greeted the inspector and was observed to perform hand hygiene, which the person in charge told the inspector, was a common practice by all residents once they returned back to the centre. The inspector didn't have the opportunity to meet with the other two residents who lived in this centre, as they were at day services and at other planned activities for the duration of the inspector's stay.

The centre comprised of one two-storey house, located on the outskirts of a town in Co. Laois. Here, residents had their own bedroom, bathrooms and shared access to a sitting room, utility, kitchen and dining area and rear back garden. Three residents had their own en-suite and the resident residing in the bedroom without an en-suite, had a bathroom assigned for their own individual use, which had a positive impact on infection prevention and control within this centre. Information in relation to hand hygiene and public health safety guidelines was displayed throughout, in a manner that did not impact the homely aspect of this centre. Hand sanitizer was available in all areas and suitable arrangements were made in the main hallway to allow for temperature checking of all visitors. The house was clean, well-maintained and had nice homely features to it, such as, comfortable furnishings and photos of the residents proudly displayed throughout. The cleaning of the centre was the responsibility of staff and they were guided in doing so by a colour coding system

and various centre specific cleaning schedules.

The four residents who lived here had low support needs and had lived together for quite some time. The person in charge told the inspector that all had a very good understanding of public health safety guidelines, which had a positive impact on the centre's ability to consistently adhere to, and implement good infection prevention and control measures. To ensure residents' rights were promoted, staff regularly spoke with residents about these measures and where residents had any questions or queries, these were promptly addressed to residents' satisfaction. These residents were very much involved in the running of their home and took responsibility for various chores such as the cleaning of their own bedroom, done their own laundry and took turns cooking. Although assessed health care needs were minimal among these residents, of those who did require support with this aspect of their care, staff were very clear about their role in keeping these residents safe from the risk of infection. Residents were encouraged to accept visitors into their home and were equally supported to have nights away with family members, if they wished to do so.

Various information relating to infection prevention and control was available at the centre for staff to reference, as and when required. The person in charge told the inspector that in the months prior to this inspection, the centre had experienced an outbreak of infection and through the effective implementation of the provider's contingency plans, this outbreak was well-managed and all residents received the additional care and support that they required, during that time. One of the residents spoke briefly with the inspector about when this occurred, and said staff were very prompt in ensuring they were well looked after and all made a full recovery.

This inspection identified multiple examples of good infection prevention and control practices, which had resulted in these residents being maintained safe from the risk of infection. The findings of this inspection will now be discussed in the next two sections of this report.

## Capacity and capability

This was a well-run and well-managed centre that ensured effective infection prevention and control measures were in place to protect the safety and welfare of all residents and staff.

The person in charge was identified as the lead person for overseeing infection prevention and control in this service. She was based full-time at the centre, which allowed her to regularly meet with the residents and with her staff team. Staff team meetings frequently occurred, and the agenda for these consistently included discussions about infection prevention and control. Over the course of the inspection, she spoke confidently with the inspector about the various infection prevention and control measures that were in place, and of her role in ensuring

these were effectively and consistently implemented. She was supported in the running and management of this centre by her line manager and staff team, and was proactive in involving them in monitoring and improving the infection prevention and control practices within this centre, as and when required. This was the only designated centre operated by the provider in which she was responsible for, which gave her the capacity to ensure it was effectively managed.

There was a consistent staff team in place, which had a positive impact on infection prevention and control, as it meant regular staff were at all times on duty, who were familiar with the measures that were to be implemented on a daily basis. As this staff team were well-known to these residents, this meant residents were continually supported by staff who knew them and their assessed needs very well. Furthermore, this also meant that where changes occurred to residents' overall care and welfare, these staff were able to quickly identify and respond to this. Over the course of this inspection, staff were observed to interact in a friendly and caring manner with the residents, and of those who spoke with the inspector, they demonstrated very good knowledge of each resident's assessed needs and of residents' individual personal preferences for how they liked to spend their recreational time. As part of the provider's contingency plan for COVID-19, the person in charge spoke of how this plan gave due consideration to the arrangements in place, should this centre experience decreased staffing levels, on foot of an outbreak of infection. There was also a number of policies and procedures available to staff in the centre to guide them on various aspects of infection prevention and control that were to be adhered to. Staff training with regards to infection prevention and control was in place and where refresher training was required in this area, the person in charge scheduled this accordingly.

With regards to infection prevention and control, the provider had ensured the centre was adequately resourced to implement all required control measures. Many systems were in place within this centre to monitor the overall effectiveness of this centre's infection prevention and control practices, including, the completion of a daily health and safety check by the person in charge, which gave consideration to also overseeing the centre's infection prevention and control measures. Along with this, the provider was also conducting specific infection prevention and control audits, in conjunction with six monthly provider-led visits. Where any improvements were identified as part of these monitoring systems, time bound action plans were put in place to address these. At the time of this inspection, the person in charge spoke with the inspector about how these monitoring systems were in the process of further review, to ensure their continued effectiveness in monitoring specific aspects of infection prevention and control, relevant to this centre.

Along with the previously mentioned staff contingency plan, the provider also had a contingency plan in place to guide staff on what to do, should a resident become symptomatic of COVID-19. The person in charge spoke confidently with the inspector about this plan, which gave due consideration to the initial response required by staff, isolation arrangements and specific enhanced measures that would be implemented to protect the safety and welfare of all residents and staff, should an outbreak of this particular infection occur.

## Quality and safety

This was a centre that promoted residents' quality and safety of care through regular monitoring of infection prevention and control measures, while also involving residents, as much as possible, in implementing and understanding the rationale for the various measures that were in place.

At the time of this inspection, no resident had an acquired health care associated infection. However, one resident did require support with their respiratory care needs, and from time to time, was prone to infection. The person in charge spoke confidently about this with the inspector and told of how staff carried out regular observations of this resident, to observe for any signs of infection. The inspector reviewed the risk assessments and personal plan in place for this resident with regards to this aspect of their care, and although these were informative, they would benefit from additional review to provide better clarity on the specific response required by staff, should the resident's respiratory health status change. This was brought to the attention of the person in charge, who put arrangements in place by the close of the inspection, to update these documents with this specific information.

Residents' participation and involvement in the implementation of this centre's infection prevention and control measures was very much regarded and promoted. For example, these residents were very cognisant of current public health safety guidelines and staff ensured regular discussions occurred with them around the topic of infection prevention and control. Even though these residents had good adherence to infection prevention and control practices, staff continued to remind and encourage them to perform good hand hygiene and to use face masks, when out and about in the community. Residents were vaccinated against COVID-19 and facilitated to receive further vaccination, as and when required, in accordance with public health safety guidelines. There was no planned admission to this centre, as there was no vacancy available at the time of this inspection.

On the day of inspection, the centre was cleaned to a high standard and was in a very good state of repair. Although one resident was in use of respiratory equipment, there was no shared equipment between residents. Where maintenance works were required, the person in charge informed the inspector that a system was available to her to report these works, which was resulting in the timely addressing of any maintenance that was required. Staff held the overall responsibility for cleaning and were supported to do so by a number of centre specific cleaning schedules, which included all areas that were to be cleaned on a daily and weekly basis. These residents liked to take responsibility for cleaning of their own bedrooms and staff supported them to do so. Along with general cleaning tasks, disinfection processes also formed part of the overall cleaning process and the person in charge had plans in place to continue to oversee this process. The cleaning of the centre was guided by a colour coded system, which guided on the specific coloured cloth and mops to be used when cleaning the kitchen, bathroom and other general areas.



However, at the time of this inspection, this system didn't give consideration to, and guidance to staff, on the equipment and process to be followed for the cleaning of contaminated areas, as and when required, within the centre. This was brought to the attention of the person in charge, who by close of this inspection, was putting arrangements in place to rectify this.

Residents' took responsibility for their own laundry and were supported by staff in doing so. Each had their own laundry basket to promote good laundry segregation and dissoluble laundry bags were available for use, should the laundering of contaminated clothing be required. Adherence to waste management was practiced by all staff and where contaminated waste required disposal, the provider had adequate arrangement in place to allow for this.

The risk management of infection prevention and control was primarily overseen by the person in charge. Along with identifying new infection prevention and control related risks, the person in charge was also proactive in responding to these risks and maintained good oversight of the effectiveness of any new measures that were required. Risk assessments were in place with regards to this aspect of the service, and were currently under review by the person in charge to ensure they fully guided and supported her in her on-going monitoring of infection prevention and control related risks, specific to this centre.

Overall, the inspector observed many good areas of practice in relation to infection prevention and control, which were regularly monitored to ensure these residents lived in a safe and good quality of service.

## Regulation 27: Protection against infection

The provider had implemented many effective infection prevention and control measures within this centre to ensure residents continued to receive a good and safety quality of service. Systems were in place to identify where improvements to this aspect of the service were required and the provider took appropriate action, as and when required, to address these. The centre was cleaned to a high standard and where maintenance works were required, effective systems were in place to ensure these works were completed in a timely manner. Residents were involved in the running of this centre and were continually informed about the centre's infection prevention and control practices. Contingency plans were in place, should this centre be subject to an outbreak of infection and these plans were known to the staff. The cleaning of this centre was performed to a high standard and staff were knowledgeable of the cleaning processes that were to be carried out on a scheduled basis.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Compliant