



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

Issued by the Chief Inspector

Name of designated centre:	Castlevew House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	11 May 2023
Centre ID:	OSV-0008130
Fieldwork ID:	MON-0039240

About the designated centre

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

Castlevue House provides 24-hour care to male & female adult Individuals with disabilities from age 18 years of age onwards. Castlevue House is a detached single storey property. The centre comprises of a communal kitchen/dining room, a lounge, a utility, an accessible WC & a staff shower room and office. There are also 3 standalone apartments where the residents live. These comprise of en-suite bedrooms and living/dining/kitchenette areas. Castlevue House has a spacious garden surrounding the property. The number of residents that can be accommodated within the service is three. The centre is staffed by a team of social care workers and assistant Support Workers. Nua Healthcare also provide the services of the Multidisciplinary Team whom are based in the Clinical office in Naas, these services include; Psychiatry, psychology Occupational Therapy, Speech and language Therapy and nurses. There is a person in charge working in the house on a full-time basis. The person in charge is also supported by two Deputy Team Leaders in the centre. The centre is located close to a town in Co. Tipperary. Amongst the local amenities are hairdressers, a library, local parks, a community centre, horse riding centre, GAA club, selection of restaurants and social groups.

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 11 May 2023	11:00hrs to 17:00hrs	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.

Three residents were living in the designated centre on the day of inspection. Each resident lived in an independent living area, which was attached to the main house. The inspector met with one resident who used gestures, physical prompts and body language to communicate their needs and wants. This resident had recently transitioned to the centre. Staff members spoken with, told the inspector that the resident had made significant progress since moving to the centre. The resident no longer required their food and medicines administered through an enteral feeding tube as they were now enjoying foods and fluids orally. At the time that the inspector met with the resident, they were waiting to have their lunch. The resident appeared comfortable as they sat on the couch in their home. However, the resident gestured that they did not want the inspector in their apartment. This choice was respected and the inspector said goodbye to the resident.

The other two residents living in the centre declined to meet with the inspector on the day of the inspection. Therefore, the inspector reviewed the centre complaints log, residents' documentation and spoke with staff members to gain an insight into what it was like for residents to live in their home. The inspector did observe one resident as they were going for a drive and a coffee, supported by staff members. The resident was observed laughing and smiling as they were supported to get into the centre's vehicle. This vehicle had been adapted to meet the resident's individual support needs, so that they could access their local community. The resident's clothing was very stylish, and it was clear from speaking with staff members that expressing themselves through fashion and beauty was very important to them. Staff spoken with discussed how the resident had been supported to get a piercing as part of their goals, which they were very happy with.

In addition, the inspector advised that residents could complete a questionnaire about the care and support they received in their home, after the inspection had taken place. Two residents agreed to complete a questionnaire. Overall, residents' questionnaires outlined that they were happy with the level of support they received from staff members in their home. One resident noted that staff members were 'very kind'. It was clear that residents knew they could speak to staff members and management in the centre if they were unhappy, or would like to make a complaint.

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.

Residents were supported by a team of assistant support workers and staff nurses. Oversight was provided by the centre's two deputy team leaders and the person in charge. Staff working in the centre participated in supervision meetings bi-annually. Team meetings were also held on a monthly basis. Staff spoken with told the inspector that they felt well supported in their roles, and the provision of managerial support in the centre daily meant that they could raise concerns and issues as they arose. All staff working in the centre reported directly to the person in charge.

A clear rota outlined the staff members on duty each day. In line with the assessed needs of residents, a high level of staffing was provided in the centre during the day and at night. Each day, managerial oversight was provided on-site in the centre. There was also an on-call rota, so that staff members could contact a member of the management team outside of usual working hours.

All staff members had completed training in hand hygiene, infection prevention and control and the use of personal protective equipment (PPE) in response to the COVID-19 pandemic. Staff members also received training in the provision of personal and intimate care to residents. This ensured that staff members were well equipped to support residents to meet their needs, with respect to infection prevention and control.

An infection prevention and control team had been established in the organisation. This team provided oversight and management support in the event of an outbreak of infection, or a resident contracting an infectious disease or healthcare associated infection. This team also provided clinical support and guidance to staff members to support residents to manage their infection control needs. An infection prevention and control policy was also available to guide staff members on standard precautions, and the protocols in place to prevent and protect residents from potential sources of infection.

Audits and reviews were carried out in the designated centre in line with regulatory requirements. This included the annual review and six monthly unannounced visits. These reports were comprehensive and identified areas for improvement in the centre. Where improvements were required, a clear action plan was outlined as to how this would be achieved.

Quality and safety

Residents were provided with a good quality of service which ensured that they were protected from potential sources of infection. Where residents' individual support needs meant that they required additional supports to meet their infection control needs and to ensure antimicrobial stewardship, clear guidance was provided to staff members to ensure these needs were met.

One resident had a specific intimate and personal hygiene care plan to provide clear guidance to staff members on how to support them in line with their assessed needs. Staff members spoken with, noted that this plan required regular updating to reflect the measures that worked well and those that did not, this had evolved as they got to know the resident better. It was evident that staff members were supported by the multi-disciplinary team to trial strategies and identify the best way to meet the resident's needs, following their transition to the centre.

Where a resident regularly required antibiotic therapy to treat recurrent infections, a clear plan was provided to outline the early signs of infection, and how to support the resident to seek medical attention. The resident had access to their G.P (general practitioner), where antibiotic therapy could be prescribed if deemed necessary. Staff members could then safely administer this medicine to the resident if required.

The residents' home was a large bungalow, with three individual apartments where each resident lived. One resident had full access to the main house as they wished, while a second resident had access to the main house at specific times of the day. Overall, the residents' home was observed to be clean and tidy. Residents' individual apartments had been decorated with personal items, photographs and artwork. Where residents required additional supports to maintain a clean home environment, this support was provided by staff members. Cleaning schedules outlined the areas of the centre that required cleaning and the frequency that this cleaning should take place. Staff and residents had access to cleaning products and facilities to wash and launder residents' clothing. Colour coded cleaning systems were used in the centre to prevent cross-contamination. There was also effective waste management systems in place, including access to clinical waste disposal if required.

Staff members were supported to stay informed of changing guidance and best practice guidelines relating to COVID-19. At the time of the inspection, it was not mandatory for staff members to wear surgical face masks when supporting residents. However, staff members were aware that PPE was available in the centre in the event of a suspected and/or confirmed case of COVID-19 in the centre. Guidance outlining the supports to be provided to residents, including risk assessments relating to COVID-19 had been updated to reflect revised guidance. This information was readily available to staff working in the centre.

One staff member had been identified as the centre's infection control lead. This staff member carried out regular stock checks of PPE, and was responsible for

ordering new stock as it was required. This individual was also responsible for ensuring that symptom monitoring was carried out for residents, staff and visitors to the centre.

Regulation 27: Protection against infection

The inspector found that effective practices were in place to ensure compliance with Regulation 27 and HIQA's *National Standards for infection prevention and control in community services*. This was observed in the following areas;

- The service had clear governance arrangements in place to ensure the delivery of safe and effective infection prevention and control.
- The registered provider managed the workforce to meet the service's infection prevention and control needs. Staff were provided with suitable training to support them in their role, in line with emerging Public Health guidance.
- Care was provided in a safe and clean environment that minimised the risk of transmitting a healthcare associated infection.

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

