



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

Issued by the Chief Inspector

Name of designated centre:	The Brambles
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	11 October 2022
Centre ID:	OSV-0008156
Fieldwork ID:	MON-0035894

About the designated centre

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

The Brambles is a residential service which caters for up to five children, both male and female, with an intellectual disability. The centre is located in a rural area in County Roscommon close to a variety of local services and amenities. The premises has a total of five large en-suite bedrooms for the young residents. There was a spacious garden to the front and rear of the centre as well as play areas, as well as large kitchen/dining room and large communal areas. Staffing support is provided 24 hours a day seven days a week by the person in charge, team leader, assistant team leader, assistant support workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 11 October 2022	10:00hrs to 16:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This was a short notice announced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector met the person in charge, person participating in management, staff on duty, and residents who lived in the centre. The inspector also observed the care and support interactions between the residents and staff at intervals during the inspection. Overall, the inspector noted that there was no improvements required in the management of infection control measures (IPC) in the centre, and this finding will be illustrated in the next two sections of the report.

This centre was located on the edge of a rural town and had good access to a wide range of facilities and amenities. The centre consisted of one two storey dwelling, and provided a full-time residential service for two residents. The centre had a sitting room, a well-equipped kitchen and dining area, an office and staff sleepover facility, and laundry facilities. Residents had their own bedroom with en-suite facilities. The inspector noted that residents were in the process of personalising their bedrooms to their taste and preference. Overall, the inspector found the centre to be clean and well-maintained, and provided residents with a comfortable living environment. The inspector found that the staff adhered to the cleaning schedule in place and ensured that all jobs were completed and recorded as required. The inspector found on review of the daily tasks in the centre, they were completed and up-to-date at the time of the inspection. Throughout the inspection, staff were observed completing various cleaning duties, for example, wiping door handles and light switches. In addition, the person in charge checked the records to ensure tasks were being completed effectively. Staff spoken with were all aware of the various cleaning tasks to be completed each day.

The inspector met briefly with one resident who was present in the centre after school during the inspection and another resident was receiving one to one interaction with planned activities. The resident spoken with enjoyed living in the centre and liked the staff. The resident was observed relaxing in a comfort chair and responded to staff including the person in charge during the inspection. The second resident declined to meet with the inspector but they were observed engaging with staff and proceeding to one of the planned activities. The resident was actively engaging in their community and completing activities of their choice during the inspection, this included enjoying a hot chocolate from their favourite outdoor coffee facility and attending local places of interest. Residents were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre at the time of the inspection. Although the time the inspector spent with residents was limited, staff were observed spending time and interacting warmly with both residents and supporting their wishes. Some of the activities that this resident enjoyed, this included outings to local places of interest, and visits with their families, which had been arranged in line with public health guidance throughout the COVID-19 pandemic. During the inspection, the residents were engaging in after-school activities. This included additional homework, games, playing on computer

devices, assisting staff and enjoying outings in their local community. One resident engaged at length with the inspector, showing them their favourite activities. This included playing on a rubix cube, playing a game called "fall guy". The inspector observed as the resident showed their skill at each activity. Throughout this discussion, two staff and the resident engaged in conversation throughout. Another resident was observed with staff and staff were supporting this resident to engage in planned structured activities which were also part of their behaviour support plan. This resident was non-verbal but staff were observed utilising a variety of methods to communicate effectively. Staff spoke about how residents spent each day and enjoyed very specific activities of their choice each day, in addition to schooling activities.

From speaking with the person in charge and staff, it was clear that many measures were in place to protect residents from the risk of infection, while also ensuring that these measures did not impact on the residents' quality of life. It was also evident that the person in charge and staff had helped the resident to understand the implications of the COVID-19 pandemic where possible. A range of information relating to infection control and COVID-19 had been developed and made available to this resident in a format that suited their needs. This included residents rights, including rights to be healthy, hand hygiene, guide to COVID-19 for people with disabilities, personal protective equipment (PPE) & the vaccination process.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the well-being and quality of life of this resident.

Capacity and capability

The provider had developed policies, protocols and guidance documents for staff in relation to infection prevention and control. There were defined lines of accountability and escalation in relation to infection management. The provider maintained an oversight of the infection prevention and control arrangements in the centre through the use of comprehensive audit tools. There were adequate staffing arrangements in the centre to support residents and to complete necessary tasks relating to infection prevention and control.

There were identified management structures and clear lines of accountability in the centre. Staff in the centre reported to the person in charge. The person in charge escalated issues that could not be dealt with in the centre to more senior management, as required. The person in charge had overall responsibility for the management of infection prevention and control in the centre. The person in charge also had the support of a team leader and deputy team leader when she was not in

attendance, as she had two centres under her remit at this time. This ensured that there was a continuous oversight by the management team of this service and that any issues were addressed in a timely manner. From review of the training records, all staff members had completed specific training in infection prevention and control. On each shift there was an allocated lead staff on duty who completed any tasks as outlined for this role. During the inspection, the inspector observed that staff were completing various cleaning tasks in addition to supporting residents that day. This included; cleaning door handles, window sills, wiping tables and work-surfaces.

There were a number of policies, procedures and guidance documents available for staff in the centre to inform best practice in relation to infection prevention and control. These documents gave information to staff on good practice in relation to hand hygiene, standard precautions, transmission-based precautions, sharps management, laundry management and waste disposal. There were staff sign-off sheets that indicated that staff had read and understood these documents. There were copies of recent publications and updated guidelines from public health available. Additional policies in the centre gave guidance- to staff on local arrangements for managing infection prevention and control. For example, site specific safety statement gave information on how to dispose of sharps bins and clinical waste in the centre. The statement identified a named individual who could be contacted to collect and dispose of these items.

Staff were also guided by the risk assessments in the centre. The person in charge maintained a risk register that comprehensively assessed risks to residents, staff and visitors. This included risks from biological agents, risks associated with exposure to blood or bodily fluids, and risks from exposure to sharps. These assessments regularly identified control measures to reduce the risk and were regularly reviewed. The risk register also identified risks to staff from the use of certain chemicals and cleaning agents.

The centre had a specific plan in place to guide staff on how to respond to a suspected or confirmed case of COVID-19. The plan was reviewed as required and was signed off by the staff team. This indicated that they had read the plan and understood the contents. The person in charge reported that this plan were reviewed regularly and records showed the various review dates. The plan gave guidance on how and where residents and staff should isolate if they became symptomatic of COVID-19. It gave information on the local infection prevention and control team who could be contacted for advice in the event of a confirmed case of COVID-19. It also identified named members of an outbreak team that would be put in place in the event of an outbreak in the centre. There were also named senior staff managers who could be contacted in the event of staff shortages and the staff contingency plan that was in place should this occur. Specific tasks relating to the prevention of COVID-19 in the centre was also allocated to named individuals.

The provider maintained oversight of the measures taken to prevent the spread of infection through a number of audits. The person in charge completed monthly, weekly and daily COVID-19 audits that examined practices that were in place to reduce the spread of COVID-19 in the centre. The person in charge also completed quarterly infection prevention and control audits, The inspector reviewed the audits

that were completed in the previous two quarters and found them to be comprehensive. Audits included an examination of the structural issues in the house that could cause or create a risk of infection. It also reviewed the cleanliness of the centre. Hand hygiene facilities were monitored and staff knowledge and practice in relation to hand hygiene was also included. Any actions identified on the audit were recorded and listed on the centre's quality improvement plan. This outlined actions that needed to be taken to address any issues identified and a target date for completion. There was evidence that issues identified were progressed and addressed. For example, the need for new room-specific cleaning schedules was identified and this had been completed on the day of inspection.

The staffing arrangements in the centre were reviewed. The person in charge maintained a planned and actual roster. This showed that there was an adequate number and skill-mix of staff on duty to support the residents with their assessed needs. Staff reported they had the capacity to complete these tasks as well as assist residents with their needs.

Staff training in the centre was reviewed. The provider had identified a number of training modules that were mandatory for all staff and additional modules that were identified as specific to staff working in the centre. This included a number of modules that were specific prevention and control. An overview of this training was recorded a training matrix. The person in charge reported that they updated this matrix quarterly basis. The person in charge had obtained certificates from staff when they had completed training in these modules. These were presented to the inspector on the day of inspection.

Quality and safety

The centre was made up of one self-contained two storey houses. The house was clean and comfortable throughout, and was decorated and furnished in a manner that suited the needs and preferences of the residents who lived there. Most wall and floor surfaces throughout the houses were of good quality and were suitable. Overall the wall and floor surfaces in bathrooms were of impervious material, and joints between walls and floors were covered and suitably sealed to allow for effective cleaning. During a walk around the centre, the inspector noted that the centre was generally kept in a clean and hygienic condition throughout and was well maintained.

Residents had access to the local community, schooling services and were involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a large town and close to a range of amenities and facilities in the nearby areas. The centre had a dedicated transport, which could be used for outings or any activities that residents chose.

The provider had ensured that there were strong measures in place for the prevention and control of infection. There was extensive guidance and practice in

place in the centre to control the spread of infection and to reduce the risk of COVID-19. This included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures. The risk register had also been updated to include risks associated with COVID-19. A cleaning plan for the centre had been developed by the provider. which the inspector found was monitored and reviewed by the person in charge to ensure that tasks were being completed.

On the day of the inspection, the inspector noted and observed that there was appropriate hand sanitising facilities in the centre and the inspector observed staff to wearing the current recommended PPE in line with public health guidance. In addition, the inspector noted that appropriate stocks were in place to ensure that access to appropriate and required personal protective equipment was available in the centre. In addition, the person in charge monitored stocks of PPE and advised the inspector about the contact person should additional stocks be required or access to suitable waste disposal services. The inspector found that residents were also aware of current guidelines and were observed with staff to wear appropriate PPE when accessing the community during the inspection and were also observed completing appropriate hand sanitising during the inspection. On review of house meetings, the inspector found that there was a set agenda with topics such as outings, meal planning, household shopping, current public health guidelines and household chores.

The provider had cleaning schedules in place which outlined the centre's hygiene requirements and staff members carried out the required daily cleaning tasks. Records indicated that staff were completing daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Staff who spoke with the inspector were clear about cleaning and sanitising routines and explained how these were carried out. These staff explained the colour coded cleaning system which was in use, the nightly process for washing mop heads, and the use of alginate bags for management of potentially infectious laundry.

The residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. The resident was supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, the residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. The residents were supported to access vaccination programmes if they chose to, and to make informed decisions when offered COVID-19 vaccines.

Regulation 27: Protection against infection

There was good management and oversight of the service in relation to infection prevention and control. The provider maintained oversight through a number of comprehensive audit tools and issues that were identified were addressed. There were clear lines of management and accountability in the service with specialist input from infection prevention and control teams, when needed. There was adequate information available to staff in the centre in the form of policies, guidance documents, risk assessments, cleaning checklists and staff training. Staff were knowledgeable on the steps that should be taken to protect residents from the risk of infection. Residents were provided with information and support to keep them safe from infection. Information was recorded and shared with relevant staff to ensure that the risk of infection to residents was reduced. The centre was clean and tidy and in a good state of structural repair. The provider had plans in place to deal with a potential outbreak of COVID-19 and had learned from previous incidents and experiences in the centre.

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

