



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

## Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	14 July 2023
Centre ID:	OSV-0003384
Fieldwork ID:	MON-0036019

## About the designated centre

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

The service provider had produced a statement of purpose which outlined the services provided within this centre. The centre is managed by Nua Healthcare Services and aims to provide 24-hour care to adults both male and female with an intellectual disability. The centre comprises of a large bungalow which provides accommodation for four residents, and a self-contained apartment attached to the main house in which one resident resides. In the main house residents have access to a large kitchen and dining room, a large sitting room, a conservatory and a utility room with a toilet. Each resident has their own bedroom, some of which have an en-suite bathroom and walk in wardrobe. The self-contained apartment has a kitchen-living room, a bathroom and a bedroom. The centre is located in a rural setting in Co. Kildare and residents have access to a number of vehicles in order to access activities in their local communities. Residents are supported a team consisting of a person in charge, two deputy team leaders, and a number of social care workers and assistant support workers.

**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 14 July 2023	11:10hrs to 16:50hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

During this unannounced inspection, the inspector of social services met the residents and members of their support team, and had an opportunity to observe some of their routines and their living environment in the designated centre.

Residents were observed to be content and comfortable in their home and with their support team. The staff team onsite were well-established, knowledgeable of residents' support needs and histories, and demonstrated good examples of kind and supportive interactions. There was a relaxed atmosphere in the house, and staff and residents were observed eating, watching television and chatting together with a mutual respect and good rapport. During the day residents went out for some fresh air and exercise, travelled into town for lunch, or relaxed at home. Residents told the inspector about a bowling night they enjoyed the previous evening. Residents and staff told the inspector what they enjoyed doing in the community, including horse riding, choir singing, art class and swimming.

Residents were supported to eat out or choose their meals at home, with each resident taking turns selecting the main dinner. Residents were supported to maintain a healthy and balanced diet, including one person whose medical health had improved through adherence to healthy diet and lifestyle. Some key-working staff were supporting residents with long-term goals such as becoming more comfortable with public transport to facilitate further travel opportunities.

Residents had been supported to receive their healthcare vaccinations, including for winter flu and COVID-19 boosters, and were supported to understand and consent to same. Residents were supported to understand and protect themselves with standard precautions, use of personal protective equipment and appropriate hand hygiene. Person-specific guidance was available to staff in relation to residents at risk of developing certain viral and bacterial infections.

The residents lived in a comfortable rural bungalow in which they had individual private bedrooms. Bedrooms, bathrooms, living rooms and kitchens were well-maintained and in a good state of repair and maintenance. Residents had access to suitable vehicles to facilitate community access.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control.

## Capacity and capability

This unannounced inspection was carried out to assess the registered provider's 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 inspector found examples of how the service provider was updating policies and protocols to reflect the most recent national guidelines and recommendations for residential care settings. For example, restrictions on visitors and wearing of surgical face masks was determined to no longer be mandatory unless there was a higher risk of healthcare associated infection. Other precautions such as staff using foot baths and checking temperatures before starting their shift had also been retired. Some risk assessments and controls required review to clarify which precautions were still in effect outside of active infection risk.

Risk assessments and controls related to healthcare associated infection were almost entirely focused on COVID-19, with limited assessment or staff guidance on identifying and responding to other potential infections such as clostridioides difficile (C.diff), methicillin-resistant staphylococcus aureus (MRSA), influenza, norovirus or legionellosis.

Two staff had been named as infection control house leads, and had a list of duties beyond those of the rest of the front-line team. The inspector observed evidence that these leads and the person in charge were verifying that environmental hygiene was being maintained. Some gaps were observed in this oversight, such as ensuring that single-use medical supplies were disposed of when used or when past their expiry date.

Staff were required to complete and provide certification on formal training in subjects such as hand hygiene, breaking the chain of infection and effective cleaning and sanitisation in a health and social care setting. Some assurances were required in how the person in charge oversees the completion and implementation of this training. There was some inconsistency in staff knowledge related to cleaning and disinfection and which chemicals would be used for which, as well as how to safely manage risk substances such as blood spills. The inspector found good examples of staff guidance on managing person-specific risks such as recurrent wounds. Guidance from nursing support was available to support staff in practices related to antimicrobial stewardship.

While infection control was not reviewed in the most recent six-monthly provider inspection in March 2023, it was the subject of a separate audit in which the service was found to be mostly in compliance with the standards. Where areas for improvement were identified, a time bound plan of action was developed to address service gaps, primarily related to documentation and staff knowledge.

## Quality and safety

The inspector observed appropriate practices in how household waste, food items and laundry was managed. The provider had an arrangement in place for periodic pest control inspections to identify potential risk. Food items were labelled to indicate when they had been opened so they could be disposed of when no longer safe.

The premises was generally clean and tidy, including kitchen and utility room spaces. Mops, poles, buckets and cloths were stored appropriately and cleaned and dried out routinely. The premises was in an overall good state of maintenance, and featured areas with easy-to-clean surfaces such as polymer bathroom wall cladding. The person in charge provided evidence of plans to replace or cover some rough surfaces to make them easier for staff to effectively clean and sanitise. Some revision was required to house cleaning and sanitising guidelines to reflect chemicals and practices available to the house staff. Chemical safety information was available for detergents and bleaches used in the centre.

Substantial improvement was required to practices and oversight related to sterile stock. In a review of single-use stock and first aid materials, the inspector observed a number of items to be past the date by which the items are no longer sterile, including some items past their expiration date since 2017. This was of particular concern as they included dressings used for a resident at risk of recurring wound infection. The inspector also observed single-use medicine syringes being collected in a tub in the utility room instead of being disposed of after use in line with manufacturer instruction, and were being washed with sterilising fluid and stored in an open container to be reused.

Information which would travel with residents if they were to be admitted to hospital communicated key information on the person's support needs. Some development was required to ensure this record contained clear data on the residents' vaccination status and their history or active risks related to health care associated infection. The person in charge had readily available access to the vaccination records of the residents, including seasonal flu and COVID-19, for their own records.

There were risk protocols clearly described for use in the event the house has an infection outbreak to keep residents and staff safe. Information and education on how residents could practice good infection control and keep themselves safe was discussed with them through keyworking sessions and easy-read guidance. Each resident had a plan in place for if they were required to isolate or quarantine, and guidance to avoid infections related to injury. While there had been some instances in the centre in which residents contracted an infection, there was limited post-incident review to determine how they may have acquired it and what lessons could be learned for future reference.

## Regulation 27: Protection against infection

Based on discussions with staff and management, what the inspector observed during the day, and documentary evidence provided during this inspection, the provider was generally keeping residents safe in the service and maintaining an overall clean environment.

Some aspects of the service required attention to ensure effective and consistent infection control practices and oversight, including, but not limited to, ongoing verification of staff implementing their training, the management of sterile and single-use medical supplies, and ensuring that transfer information and risk controls were updated to reflect incidents and ongoing risks related to infection prevention and control.

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

# Compliance Plan for The Meadows OSV-0003384

Inspection ID: MON-0036019

Date of inspection: 14/07/2023

## 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> <p>The Person in Charge (PIC) will ensure the following improvements are implemented in the Designated Centre to ensure compliance with Regulation 27: Protection Against Infection, in the following ways.</p> <ol style="list-style-type: none"> <li>1. The Centre Specific Risk Register in relation to Covid-19 practices to be reviewed and updated where required to include controls that remain in place. Specific risk assessments regarding potential IPC concerns, for example, MRSA, Legionella, Norovirus are included with the Centre risk register as and where required.</li> </ol> <p>Note: Since the inspection Nua’s Risk Assessments and Standard Operating Procedures relating to Infection, Prevention and Control have been updated and implemented within the Centre. This was completed on 24 July 2023.</p> <ol style="list-style-type: none"> <li>2. Where required a review is to be conducted on the Centre’s medication monitoring practices to ensure single-use medical supplies and first aid materials are disposed of when used or past their expiry date.</li> </ol> <p>Note: The Centre’s First Aid and Medication Checklist has been updated to reflect expiry dates of single use medical supplies. This was completed on 17 July 2023</p> <ol style="list-style-type: none"> <li>3. All Service Users hospital passports to be reviewed and updated where required to include all relevant details and vaccination status.</li> </ol> <p>Note: A review of Service Users hospital passports has been completed by the Person in Charge since 21 July 2023 and have been updated as required.</p>	

4. To further enhance the staff team's knowledge, additional training is to be provided to the Centre on Infection, prevention, and control, where required.
5. (a) A review of to be undertaken by the Person in Charge to ensure the Centre's cleaning practices, use of equipment and chemicals to be reviewed where required to ensure practices are in line with the Centre's policy and procedures relating to infection, prevention, and control.  
  
(b) Following the review of cleaning practices, the Person in Charge to ensure the Staff Team is briefed on the correct use of cleaning equipment and chemicals in line with the Centre's policies and procedures relating to general cleaning and disinfection practices.
6. All the above points will be discussed with Staff Team by the Person in Charge at the next monthly team meeting scheduled for 25 August 2023.

**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	08/09/2023