



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

Issued by the Chief Inspector

Name of designated centre:	The Towers
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	15 September 2022
Centre ID:	OSV-0005420
Fieldwork ID:	MON-0036066

About the designated centre

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

The designated centre is located in a rural setting. It consists of a main dormer style house that is divided into three independent living areas and a separate building located to the side of the main house, set up as one living area. In the main house, two areas are at ground floor level and one is on the first floor. The service provides long stay placements for adults with complex needs who require significant support for intellectual disability, acquired brain injury, autism or mental health issues. Within the main house, each independent living area comprises of a living room, kitchenette / dining area and bedroom en-suite. The ground floor also accommodates a staff office, a staff bathroom and a main kitchen. The first floor contains a staff sleepover room and shower room. The separate building is one living area, providing a residential service to one adult resident. This comprises of a living room / kitchenette, bedroom / en-suite, staff sleepover room and staff shower / toilet room. All ground floor living areas have direct exit to an external patio area and a large garden area. Separate, but part of the designated centre, are a stand alone laundry building and boiler house. The registered provider had installed a small shed where staff don and doff personal protective equipment (PPE) on entering and leaving each independent living area. The staff team comprised of social care workers and assistant support workers. All staff are waking staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 15 September 2022	09:30hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection focused on the effectiveness of infection prevention and control (IPC) measures, which the registered provider had implemented to keep residents safe from infection. These measures were in place to prevent the risk of cross infection and to keep residents safe from infection. This reports incorporated the findings evidenced through the review of documentation, observations and interactions with staff and management over the course of the inspection. The residents present in the centre went about their daily routine throughout the day with some residents leaving the centre to partake in social activities such as nature walks and private appointments. Residents present in the centre on the day of inspection required support from staff in the area of infection prevention and control.

On arrival to the centre the inspector was greeted by the deputy team leader. They were informed the person in charge was on leave but through the on call system a member of the governance team would be contacted. The deputy director of operations arrived to the centre to provide support and information. Both members present had an active role in the governance of the centre. The inspector was brought to the rear of the centre where they were requested to complete hand hygiene and complete temperature checks. All staff completed this action prior to commencing their shift and before entering the house. This area was also used for donning and doffing personal protective equipment as required. It was also confirmed at this time that there were no suspected or confirmed cases of COVID-19 within the centre.

The inspector visited different areas of the centre throughout the day. The communal areas of the centre appeared clean and tidy. Residents were supported in their individual living areas. These areas were decorated in accordance with the residents' needs and interests. One area was found to be homely and personal to the resident. However, there was a smell emanating for the ensuite area. The inspector was informed that whilst this had been reviewed the source of the smell could not be identified and the plan to address same was not known. The provider ensured before the end of the inspection that this was to be reviewed.

A planned transition was in progress within the centre, and the person had visited the centre a number of times to become familiar with their environment and to leave some personal belongings. This area had been vacant since the summer, whilst it was present on the cleaning schedule, it was noted that no cleaning was recorded as the area was not in use. The ensuite of the area required attention as dead blue bottles and insects were present. The inspector was informed that this had been rectified however prior to leaving the centre the inspector observed that no cleaning of the area had been completed. No legionnaires checks were completed in this area either despite stagnant water being a risk in used areas.

One resident currently resided in a self-contained apartment adjacent to the main

house. This area was visited by the inspector on the day of the inspection. It was observed that a fire door was wedged open despite a self-closing mechanism in place. The inspector requested for this to be addressed. This area of the centre appeared unclean. A number of spiders were visible and an unused room had not been cleaned with cobwebs and dust visible. The cleaning schedule in place did not take into account the individual needs of the resident and required review.

When the inspector attempted to open the window to allow for ventilation in this area they were unable to do so. Whilst the window could be opened in a tilt mechanism or fully opened coming into the room, this did not provide for adequate ventilation given the lack of circulating air from external blind being held in position. Upon further enquiry it was observed that an external blind was broken and was being held in place by a block and a wheelbarrow. The maintenance department on site addressed this immediately. The wooden shutter in place also required review as this was broken with splinters of wood present.

Overall, the inspector found the arrangements to ensure good infection prevention and control practices within the centre required improvements. This included governance and oversight of measures in place to ensure consistent implementation. This will be discussed in the report within the next two sections of capacity and capability and quality and safety.

Capacity and capability

The Towers was a designated centre which provides residential supports for up to four residents. At the time of the inspection three residents were present with one planned transition in progress. The centre had been previously inspected in February 2021 where a good level of compliance was found. As part of a programme of inspections commenced by HIQA in October 2021, focusing on infection and control practices, it was decided to carry out such an inspection of this centre to assess the discipline and practice in this area in more recent times. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

The registered provider had appointed a clear governance structure the centre. The person in charge was suitably qualified and experienced to fulfil their role. They were not present on the day of the inspection. They reported directly to the director of operations appointed to the centre and were supported by deputy team leaders. Deputising arrangements had been developed should members of the governance team be absent for a period of time. Some improvements were noted to be required to ensure all members of the team were aware of governance arrangements in place and where to obtain this information. For example, the person in charge had completed some work in the area of isolation plans but this had not been printed or

disseminated to staff.

Given the ongoing COVID-19 pandemic, it was evidenced that the provider had a documented contingency plan, isolation plans for each resident presented to the inspector had not been updated to reflect the current national guidance for isolation periods. Staff members spoken with were aware of the potential COVID-19 symptoms to be observant to, but would call the on-call system if they needed direction.

Daily audits were completed to ensure the day to day operations of the centre maintained a level of compliance in the area of infection prevention and control. These included review of personal protective equipment, storage and a review of donning and doffing stations located within the centre. A daily COVID assurance statement was also completed by the person in charge or deputy team leader in their absence. This aim of this document was to ensure adequate hand sanitiser was available, staff temperatures were checked and a sanitising programme for deliveries. This document did not take in account that in one area of the centre hand sanitising units could not be present and staff had to carry this on their person.

The inspector did not see evidence that the monitoring systems in place were utilised to capture all areas for improvement related to infection prevention and control in the centre. The monitoring systems in operation included environmental audits and a HIQA issued self-assessment tool that was to be completed every 12 weeks. The most recent review completed was in August 2022 by the person in charge. Where is stated on this document that actions were required to improve service, this was not clear. An attached improvement plan set out actions which were to be taken in 2020. It was unclear if and when these actions were addressed and what the current actions were.

An administration log was completed weekly to assist in the monitoring of daily and weekly completion of tasks within the centre. This incorporated such areas as staff meetings, handover reports, service user files and cleaning procedures. This also included the completion of health and safety audit. This review did ensure audits were completed but did not review the standard. For example, the most recent health and safety review did not identify the need for maintenance repair for a resident's bedroom window to allow for adequate ventilation.

A cleaning schedule had been developed to support staff in the cleaning needs of the centre. Despite members of the governance team signing these reports daily there was no accounting for the discrepancies present. For example, if a gap in cleaning was present there was no rationale for same. Areas were signed off as being clean, however as part of walk around it was noted that these areas were unclean. Example, the current vacant area of the centre.

The registered provider had appointed suitably qualified and experienced persons to the staff team within the centre. Staff had received training in aspects of IPC including hand hygiene, the use of personal protective equipment and infection control. From review of staff team meeting minutes IPC and COVID 19 were listed

on the agenda these were consistently discussed to ensure staff awareness and implementation of measures in place. An IPC lead person had been appointed to provide additional support as required.

The provider had developed policies to help guide and direct staff members in the area of IPC to promote good practice by all members of the staff team. This included the infection control policy which provided standard infection control guidance and additional guidance required during an infectious outbreak and the COVID 19 pandemic. This policy was used in conjunction with national guidance issued by the Health Service Executive and the Health Protection and Surveillance Centre and regularly reviewed to reflect any change in guidance.

Quality and safety

The inspector, overall found that the registered provider was not implementing effective measures in the area of infection prevention and control. As highlighted earlier in the report, it was observed by the inspector that cleaning was not being carried out in all areas of the centre on a regular basis with one house being found to be unclean. The deputy director of operations present on the day of the inspection requested staff to address the level of cleanliness of the unused bathroom when this was identified by the inspector. Despite this the area remained unclean.

Residential care was provided within The Towers, this was provided in one main house and an adjoining apartment. The cleanliness of this house required review. For example, in an unused bathroom a large amount of dead bluebottles were observed on the windowsills. In the adjoining apartment a number of areas required review. The resident required additional supports to ensure the area was clean. An unused room in the centre presented as unclean. Padding had been placed on areas of the walls to prevent injury to the resident. In the bathroom area these were unclean and were not included within the cleaning schedule. In the bedroom area a number of large spiders were visible. The window in the bedroom was unable to be opened to allow for adequate ventilation.

The inspector had the opportunity to also visit another apartment in the centre. Overall, this was found to be warm and homely. However, a foul smell was present in the ensuite. The inspector was informed that this had been reviewed by maintenance. There was no account available for the inspector of where the smell was arising from and what actions were being taken to address this. A maintenance person present in the centre on the day of centre was to review on the day of the inspection.

Ample stocks of cleaning supplies were also seen to be available in the centre for use. The inspector was informed that staff were informed to read labels on bottles for guidance on the correct use. However, in one area of the centre the labels had been removed so staff were unable to identify the product and the correct usage. The

cleaning schedule in place were not completed consistently and did not account for any areas requiring review. For example, if a vehicle was uncleaned some staff recorded it was not used on the specific day, others left this blanks. Some areas of the centres were not present on the schedule, for example the unused room in the apartment. When an area was unused the cleaning completed was not documented.

The registered provider had ensured an ample supply of PPE equipment was present within the centre. This included surgical masks, respiratory masks and hand sanitiser. The person in charge had developed a risk register with respect to the designated centre. Areas of infection prevention and control were addressed including the vaccination status of some individuals and measures in place to support this.

Residents overall were supported to have an awareness in the area of infection control. Standard operating procedures had been developed should the resident be required to isolate. This included how activation could continue in a safe manner. These as stated previously did require review to reflect the current national guidance on isolation periods in the event of COVID 19. Residents were supported through regular key worker meetings to discuss such areas as COVID 19, national restrictions and the need for PPE. As required social stories were used to promote understanding. These included social stories relating to vaccines and antigen testing.

Regulation 27: Protection against infection

The registered provider did not evidence on the day of inspection that effective procedures and processes were in place in the area of infection prevention and control. To ensure compliance with Regulation 27 was achieved a number of areas required review. These included:

- Governance and management arrangements within the centre had not ensured effective monitoring of IPC practices was in place. Whilst audits were being completed in the area of IPC, these required improvements to ensure all areas requiring attention were identified and addressed in a timely manner.
- The provision of adequate guidance for staff in the area of IPC including COVID 19 and the importance of a clean environment. The ongoing governance and management oversight of measures in place within the centre such as completion of required documentation, the adherence to schedules such as cleaning of the premises.
- A number of areas within the centre were found to be unclean, this included areas not in use at present. This resulted in dust and cobwebs developing. Also, in a number of areas dead flies and insects were observed for example currently vacant bathroom and a residents bedroom.
- Clarification was required in the guidance for staff on the cleaning of both premises including the specific needs of certain area, unused rooms for example. Legionaries checks in unused areas of the centre were not being

completed in accordance with best practice.

- Resident's personal plans required review to ensure that all areas of infection prevention and control were addressed to ensure a consistent approach. This included the individuals needs with respect to isolation time frames should this arise.

Judgment: Not 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	Not compliant

Compliance Plan for The Towers OSV-0005420

Inspection ID: MON-0036066

Date of inspection: 15/09/2022

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To demonstrate that the Centre is in line with Regulation 27, the Person in Charge will ensure that the following actions are taken:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) will carry out daily checks to ensure that cleaning is completed in line with cleaning schedules. Note: Since the inspection the PIC has reviewed the cleaning schedule to ensure that all areas of the Centre are noted on the cleaning schedule. 2. The PIC shall conduct a review of the Centre’s Outbreak Management Plans and contingency plans to ensure they reflect the current national guidance for isolation periods. These plans are to be communicated to the staff team via handovers and at the next team meeting held on 28/10/2022. 3. The PIC will ensure that a water outlet flushing schedule is implemented which will ensure that any unused bathroom is reviewed weekly to mitigate potential infection control risks. <p>The PIC shall conduct a review of individuals personal plans to ensure that areas of infection prevention and control specific to the individual are addressed to ensure a consistent approach. These updated plans are to be communicated to the staff team via handovers and at the next team meeting held on 28/10/2022.</p>	

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.	Not Compliant	Orange	01/11/2022