

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

Issued by the Chief Inspector

Name of designated centre:	Sruhaun
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0008039
Fieldwork ID:	MON-0036083

About the designated centre

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

Sruhaun provides residential care to up to five residents, both male and female. The centres consists of a large two storey house and a self-contained apartment adjacent to the main house. Each resident has their own bedroom and there are communal areas such as a large sitting-room and kitchen/dining area in the main house, and the apartment is self-contained with it's own kitchen and living rooms. Sruhaun uses a social model of care and is managed by a person in charge, supported by an 'Area Director of Operations'. The staff team consists of team leaders, deputy team leaders, social care workers and assistant support workers. There is waking night staff each night to support residents with their needs. The centre has transport available to support residents to access community based activities and outings to the neighbouring towns in the area, as required.

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
Wednesday 21 September 2022	10:25hrs to 17:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had put in place in the centre in relation to infection prevention and control (IPC). The inspection was carried out over one day, and during this time the inspector met and spoke with residents, staff members and the person in charge. In addition, the inspector observed interactions and practices, and reviewed documentation in order to gain further insight into the lived experiences of residents.

The centre comprised a large detached two storey house with a self-contained apartment located adjacent to the main house, with the main access point to the apartment through the back gates, which were securely locked. There were three residents receiving residential care at the time of inspection and two vacancies. The inspector got the opportunity to meet briefly with two residents and staff supporting them. One resident was self-isolating at the time, pending test results, therefore the inspector did not meet with them on the day.

On arrival to the centre, the inspector met with the deputy team leader who facilitated the inspection until the person in charge, who was attending a training session nearby, arrived. The inspector was informed that one resident was self-isolating at the time and that they were supported by their staff team in an area of the centre, which was away from other residents and staff. The inspector was informed about the arrangements in place to minimise the risk of a possible outbreak, such as the use of designated staff with no crossover between staff, the use of enhanced personal protective equipment (PPE), waste management arrangements and arrangements for shopping and medication administration.

The centre was clean, bright and well ventilated. There were art work, photographs and soft furnishings around the house which created a warm and homely atmosphere. On the day of inspection, some of the staff team were attending a training session relating to a healthcare need for one resident, and there were some relief staff working in addition to some regular staff. The inspector met and spoke with two staff members and briefly met with two residents.

Staff spoken with described about how residents were getting on, and appeared knowledgeable about residents' individual support needs. Residents were observed communicating with staff members through their preferred method of communications, and one resident was observed doing art work at a table supported by staff. Residents greeted the inspector in their own way, and chose not to spend time with the inspector, which was respected. Two residents went out for a day trip with support staff in the afternoon. Observations indicated that residents were comfortable in their home, with each other and with staff.

The inspector spent time reviewing documentation and looking at photographs available in the centre. In addition, through discussions with staff and the person in

charge, the inspector was informed about activities that residents enjoy. One resident who enjoys music attended a big pop music concert over the Summer and was reported to have really enjoyed this. One resident had commenced a training course in college, and the inspector was informed about how they completed an accredited training last year and that they did very well in their examinations and were looking forward to their graduation ceremony later in the year. Other residents took part in activities of choice from their home. These included; social farming, bowling, day trips, sensory programmes in an external location and regular walks at local amenities with staff or family members. One resident was reported to have enjoyed going to the Zoo during the Summer time, and photographs indicated their enjoyment of this also. Residents also enjoyed going to stables where they had begun to take part in grooming and looking after horses and the inspector was informed about the therapeutic benefits of this for the residents.

Residents also had opportunities for leisure and recreation in their home. Residents had access to technological devices, gaming consoles, DVD players and movie applications in the home. One resident had a pet bird who the inspector was informed was very important to them and reported that they were considering getting another pet in the future. One resident enjoyed 'facetime' calls with their family member every week. There were no restrictions on visitors at the time, however visitors were asked to pre-arrange and plan visits where possible. The visitor policy detailed that visiting would be in line with national guidance on visitors during COVID-19. On the day of inspection, an allied healthcare professional had been facilitated to meet with a resident for an appointment.

Residents were supported to understand IPC through a range of easy-to-read documents and posters on display throughout the home. In addition, regular discussions took place at 'key-worker meetings' between residents and staff about various aspects of keeping safe, hygiene practices and about COVID-19. These records also demonstrated how residents were supported with making choices about their care and health related needs. For example; it was noted that one resident declined particular recommended health related interventions, and there was evidence of work being done, in conjunction with the multidisciplinary team (MDT), to support the resident with their anxieties around this.

Each resident had their own individual bedrooms and separate areas to relax in the house. Bedrooms were noted to be clean, bright and individually decorated, with each resident having their own bathroom facilities individual to them. There were personal effects and photographs on display in the bedrooms in line with residents' preferences. One resident had recently been supported to buy new bedding and a bedroom rug.

The bathrooms contained floor to ceiling tiles and all appeared clean, hygienic and well maintained. One resident's ensuite facilities had a bath installed as this was reported to be the resident's preference. There were supplies of hand soap, paper towels and foot operated bins located in the bathrooms. The foot operated bin in the downstairs communal toilet did not work, however this was replaced by the person in charge at the time when it was brought to their attention.

There was a storage shed out the back of the house which contained PPE stock, colour coded mops and mop buckets. This was observed to be clean and tidy. Some of the hand gels were past the 'use by' date noted on the bottles, and the person in charge said they would follow up to address this as relevant.

There was a spacious sitting-room which had comfortable furniture, art work, a television and homely soft furnishings. This was accessible through the main hallway and was reported to be one resident's room of choice to relax in. The kitchen and dining area appeared bright, clean and functional. There were notices for residents on display, including a visual staff roster and pictorial schedules. A notice board and folder in the hallway contained a range of easy-to-read information for residents also.

The laundry equipment was located in a utility room, which was accessible through the kitchen. It contained two washing machines, one of which was designated for 'contaminated laundry'. The utility room also had a sink to promote good hand hygiene practices, a dispenser for hand gels, separate small bins for used cleaning cloths and cupboards for storage of cleaning products, PPE, alginate bags and colour coded cleaning cloths. This area was observed to be clean and hygienic.

The garden areas out the back were enclosed with fencing and had key pads on the locked gates. The gardens were well maintained with one garden observed having garden furniture, ornaments, potted shrubs and solar lights. The front garden area was well maintained and included a ground trampoline for residents to enjoy if they so wished.

From a walkaround of the centre it was observed that the provider had put measures in place for IPC arrangements. This included easy access to PPE, posters on display about hand washing and PPE use. In addition, hand gels and paper towel dispensers were readily available to promote good hand hygiene practices. There were notices on display about cleaning practices and waste disposal, and a daily cleaning schedule was in place and noted to have been signed as completed each day. The inspector was informed about the arrangements for 'deep clean' of the centre, which included specific tasks assigned to the waking night staff. In addition, audits were carried out regularly and a COVID-19 information folder set up for staff. These required some improvements and this will be discussed further in the report.

In addition, the provider had set up a designated area at the back of the house for staff/visitors to use prior to entering the house for signing in, symptom checking (e.g temperature checks) and getting supplies of PPE, as required. Staff members spoke about a daily questionnaire that they were required to complete prior to coming to start their rostered shift, which they completed online and which included questions about possible symptoms or risk factors relating to COVID-19 and other infectious diseases. Staff spoken with felt that this was a good arrangement to ensure risks of outbreaks of infections were minimised.

Staff spoken with were knowledgeable about residents' individual healthcare needs and about how to support with this. Staff spoken with appeared knowledgeable about practices for IPC and were observed wearing PPE, such as face masks, as

appropriate for the tasks that they were completing.

Overall, the inspector found that there were good arrangements in place in Sruhaun for IPC and that care was delivered to residents in a person-centred, safe manner. The next two sections of the report will provide more detail on the findings of the inspection.

Capacity and capability

On this inspection, it was found that there were good arrangements in place for the governance and management of the designated centre. The management systems in place ensured ongoing monitoring of IPC arrangements. However, some improvements were required to ensure that audits were effective at all times and that documentation in place to guide staff contained accurate information.

The local governance structure included a person in charge who reported to a director of operations. The person in charge had responsibility for one other designated centre and managed their time between both centres. They appeared very knowledgeable about the needs of the residents in Sruhaun.

There appeared to be sufficient staff in the centre to meet the assessed needs of residents and the IPC needs of the service. Some residents had 2:1 staffing and residents were allocated night staff, including waking night staff in both the main house and self-contained apartment. There was a vacant post for a team leader which was in progress at the time. There were two deputy team leaders who had some areas of delegated responsibilities for the management of the centre and this included deputising when the person in charge was on leave. The management on-call arrangement for out-of hours included the person in charge and two deputy team leaders. In addition, the provider had ensured that there was a 'COVID-19 team' who could be contacted for any issues relating to outbreaks of infection or COVID-19 risks. There was also IPC manager for the organisation, details of which were available in the centre.

The person in charge had in place a training matrix for all staff, which included training relating to IPC. Staff had undertaken various training programmes in IPC available from the provider's online training system, including Infection control, donning and doffing personal protective equipment (PPE) and hand hygiene. In addition, staff had completed training in providing intimate care. The training department confirmed to the inspector that the PPE training included a section on transmission based precautions also. A sample of records were reviewed, which demonstrated that staff had completed the required training as recorded on the training matrix. In addition, the inspector was informed that staff induction included a one hour information session on IPC.

There were clear lines of accountability for the management team and systems in place for monitoring the centre. There were policies and procedures in place for the

management, control and prevention of infection. The IPC procedures and COVID-19 contingency plan outlined the roles and responsibilities of staff and the management team. The person in charge was the overall responsible person for compliance and there was staff member delegated the task of 'IPC officer' for monitoring IPC arrangements in the centre, with oversight by the person in charge.

There were audits carried out in the centre relating to health and safety and IPC. A weekly health and safety audit was completed online every Friday and which was designed to create an alert to the relevant person responsible for actions if there were any areas that were not compliant. The person in charge showed the inspector the online systems for monitoring health and safety in the centre and for requesting maintenance, and these systems appeared to be effective in identifying areas for improvement and ensuring actions were completed in a timely manner when identified.

The provider ensured unannounced six-monthly provider audits were completed, the last one which was carried out in May 2022, and which was noted to include a review of health and safety and IPC. Some actions had been identified, and were found to have been completed. For example; cleaning of a grooming device after use had been identified and was noted to have been included as part of personal care plan following this. There were also checklists in place for cleaning the home, and a daily walkaround was completed by a nominated person to include a monitoring of the daily tasks, which were signed off when completed.

The centre had a risk register which included a health and safety related risk assessments; including risks associated with infectious diseases and risks associated with COVID-19. The COVID-19 risk assessment required review to ensure that it contained the most up-to-date information in line with national guidance. There were daily audits completed on 'COVID-19 assurance' and PPE use also. However these also required some improvement to ensure that they were effective at all times. For example; the COVID-19 audits had ticked that a particular measure was in place, when in fact it had ceased to be in place for over a few weeks as reported by the person in charge. In addition, the audits on PPE included a review of appropriate use of PPE by staff, including donning and doffing. However this section had not been completed for the audit sample reviewed (which included the current weeks audits), which meant that appropriate use of PPE was not reviewed at a time when staff were required to wear enhanced PPE due to a possible risks. This required review to ensure that audits were effective in monitoring what they were designed to monitor.

The HIQA self-assessment tool for preparedness in the event of an outbreak had been completed, and an improvement plan had been developed as a result of this with actions noted to have been completed or were in progress. Contingency and outbreak management plans were in place for COVID-19. The centre had a 'COVID-19' folder in place which contained documents, procedures and communications for staff. However, some aspects required review to ensure that the information included did not conflict with national guidance and updates given at staff handover times.

There was a daily handover completed each morning with staff who had worked overnight and those commencing each day. This was documented and was noted to include IPC risks and other relevant information including resident updates and if there were any updates about IPC. Communications to staff about IPC were also done through staff notice-boards, team meetings and through the use of the 'COVID-19 folder'. Team meetings records were reviewed, and demonstrated discussions about IPC and health and safety risks. There was an Employee Assistance Programme (EAP) available to staff, if required. Staff spoken with said they felt supported in their role.

Overall, the inspector found that there were good systems in place for IPC with regular auditing of the service. However, improvements were required in ensuring that audits were accurately completed and in ensuring that there was no conflicting information about IPC and COVID-19 risk controls. This would further enhance the good practices in place.

Quality and safety

The inspector found that the service provided person-centred care to residents and that the arrangements in place promoted safe and individualised care and support. Residents were found to be fully involved in making choices about their care and in being supported to participate in meaningful activities for their development and wellbeing.

Residents had 'health monitoring plans' in place, which included plans of care about specific health-related needs. Residents were supported to understand, and be involved, in healthcare decisions, with regular 'key-worker meetings' occurring between residents and named staff. These meetings demonstrated regular discussion about IPC related topics and provided a forum where residents were supported to make decisions about their healthcare. There were easy-to-read documents and social stories available also to support residents' understanding of topics.

Residents were supported to access any healthcare appointments and allied healthcare professionals as required. An allied healthcare professional was at the centre on the day to attend to a resident. In addition, residents had access to vaccination programmes and testing for COVID-19 as required. The inspector was informed about, and documentation verified, that one resident's decision relating to a healthcare intervention was respected. It was found that where anxiety about healthcare interventions occurred, specific programmes were developed to support with this, and included MDT supports and ongoing reviews of the programme. In addition, during the day of inspection the inspector observed one resident updating the person in charge about an aspect of healthcare. This demonstrated residents' consultation and full participation in their healthcare decisions.

Residents' care plans included personal and intimate care plans which were found to

be comprehensive and detailed specific individual supports and areas of independence. This also included residents' right to refuse personal care. Residents also had comprehensive isolation plans developed in the event that they were required to self-isolate. This included arrangements to ensure that residents had opportunities to go to specific rooms in the house and that they had appropriate leisure and recreation opportunities at this time also. In addition, residents had 'Hospital Passports' (a document for relevant information about residents in the event that they were admitted to hospital), which provided relevant information about them in the event that they needed to go to hospital. These also contained information about residents' vaccination status and ensured that there were arrangements to share information about residents' infection status in the event of any admissions, discharge or transfer from the designated centre.

The overall standard of cleanliness and IPC practices in the centre were found to be good in ensuring measures were in place to promote the safety for all on an ongoing basis. Staff were observed adhering to standard precautions such as hand hygiene practices and wearing face masks, as required. There were hand sanitising equipment and paper towel dispensers throughout the home which promoted good hand hygiene practices. There were plentiful supplies of PPE available in the centre and arrangements in place to replenish stock. Care plans included the requirement for staff to adhere to standard precautions and disinfecting of grooming equipment, as relevant. Staff spoken with were aware of how to act promptly in the event that a resident displayed any signs or symptoms of COVID-19 e.g , including the use of enhanced PPE.

The house appeared clean, bright and well maintained. There was a system for reporting any maintenance issues, with an alert system to respond to any emergencies or urgent maintenance requests. The provider also had a system in place where regular checks were completed by maintenance personnel, even if no requests had been submitted. There were cleaning schedules in place to ensure the home was kept clean, hygienic and well maintained. There were arrangements to ensure any risks of legionella was minimised with regard to unused bathrooms. There were arrangements in place for waste disposal, including healthcare waste, and a system of colour coded mops and cloths for cleaning tasks.

The laundry facilities were located in a utility room which could be accessed through the kitchen and from which there was an exit to the back area of the house. This utility room contained a sink, a dryer and two washing machines, one of which was noted to be for use for washing contaminated laundry. There were guidelines for staff in place for disinfection and decontamination procedures and an operating procedure for laundry and cleaning of bodily fluids, to include a spill kit, which was located in a designated place in the centre. Staff spoken with were aware of these procedures and what to do in the event of having to clean up bodily fluids. There were ample supplies of cleaning products and alginate bags available, and there were safety data sheets in place for all cleaning products, including thick bleach, to promote safe practices.

There were arrangements in place for monitoring signs and symptoms of staff as a preventative measure to minimise the risk of COVID-19 and other infectious

diseases. Staff were provided with public health and other COVID-19 related information, as required. Some of the information in place required review, as noted previously. There were contingency and outbreak plans developed for COVID-19 outbreaks. A recent outbreak of COVID-19 that occurred in the centre was found to have been reviewed by the staff team, with documented learning recorded to help inform any future actions. In addition, there was evidence in key-worker meetings that residents were kept informed about the arrangements at that time also.

In summary, residents appeared happy and comfortable in their home environment and with staff supporting them. There were good arrangements to support residents' understanding of IPC and about how to keep safe, and care was provided in a person-centred manner where residents' decisions about their lives were respected.

Regulation 27: Protection against infection

There were good systems in place in Sruhaun for IPC, however some improvements were required in the documentation and in the completion of some audits to ensure accurate information was collated and maintained:

- Some documentation contained in the 'COVID-19' folder was not in line with national guidance and this required review and updating so as to minimise possible confusion about what was required.
- Some audits were not completed accurately, and one audit tool was not completed as required with regard to staff's use of PPE, therefore making it ineffective for the purpose for which it was designed.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Sruhaun OSV-0008039

Inspection ID: MON-0036083

Date of inspection: 21/09/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none">1. The Person in Charge (PIC) will complete a review of the Designated Centers documentation in relation to Infection, Prevention and Control and ensure all documentation are the most recent versions, and inline with national guidance. <p>This will be further discussed and shared with the team at a meeting scheduled for 28.10.2022.</p> <ol style="list-style-type: none">2. The Person in Charge (PIC) has implemented the following action in relation to an audit tool used for PPE: <ul style="list-style-type: none">- Regular spot checks that correct procedures are being followed by staff regarding the daily practice of wearing personal protective equipment (PPE) and the donning and doffing of same. <p>This is in place effective from 22.09.2022.</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.	Substantially Compliant	Yellow	28/10/2022