



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

## Issued by the Chief Inspector

Name of designated centre:	Hillview
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	02 February 2022
Centre ID:	OSV-0003392
Fieldwork ID:	MON-0035876

## About the designated centre

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

Hillview is a designated centre located in a rural area of County Kildare and provides 24 hour residential support to individuals with intellectual disabilities and autism. The centre is comprised of one large detached bungalow and contains a large entrance hallway, four double bedrooms for residents (three of which have en-suite facilities), a main bathroom, a staff bathroom, a large kitchen and dining area, two living rooms, a utility room, and a staff office. There is a large enclosed garden space to the rear of the premises and a garden and driveway to the front. The staff team is made up of social care workers, assistant social care workers, deputy managers, and a person in charge. Residents had access to two vehicles to support them to access their local community.

**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
Wednesday 2 February 2022	10:30hrs to 19:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

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 had the opportunity to meet briefly with some of the residents of the designated centre as well as their direct support staff members. The inspector also reviewed records of engagements with staff and residents on the subject of infection prevention and control, and the procedures and guidance which was available to them on the subject. The inspector also observed the physical environment of the designated centre. The inspection was facilitated by the person in charge and their deputy manager, as well as the director of operations for this designated centre.

Overall the inspector found that the residents were supported to maintain much of their preferred routine and activities in their home and in the community. During the day residents were supported to go for drives with staff in one of two service vehicles, go to the shops or for a coffee, or relax in their bedroom or living rooms. The inspector found evidence that visitors were being welcomed back into the services with appropriate safety precautions in place. Residents had been provided support to understand what they needed to do to keep themselves and others safe from infection risk at home and in their community, including effective hand hygiene and maintaining social distance. Residents were also supported to understand what to expect from changes to social restrictions, access to preferred day services and social facilities, and the roll out of vaccinations against COVID-19. This was done through one-to-one keyworker sessions and easy-read guidance. There had been a good uptake in vaccinations by the residents in this service.

For the most part the residents' home was clean and kept in an overall safe state of maintenance, besides general wear and tear to kitchen units, paintwork and flooring. Staff were observed wiping down frequently-touched surfaces such as door handles. Some improvement was required in ensuring that cleaning equipment was itself clean, as well as ensuring that suitable hand hygiene equipment and waste disposal facilities were readily available and in working order. Residents' laundry was appropriately managed. Most of the residents had private en-suite toilet and shower facilities and those who did not had separate facilities from those used by staff members.

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

Overall, the inspector found good examples of how the registered provider had ensured the service was appropriately resourced and overseen to protect residents from risks related to infection, and to support operational continuity in the event the service has an active infection risk. Some improvement was required in updating the policies, procedures, risk control measures and staff instruction, to ensure they were effectively guiding staff on matters including use of personal protective equipment (PPE) and waste management.

There was a clear governance structure in place to ensure the safe operation of the service and continuity of resident support both on a day-to-day basis and in the event of an active infection control risk. The provider had deputation arrangements in the event that the person in charge and their deputies were unavailable for work, as well as on-call arrangements so that staff in the house had access to decisions by senior management if risks arise out of hours. The provider had a centre-specific contingency arrangement on key contacts in the event of an infectious outbreak. Regarding frontline staffing, the management personnel had identified the minimum safe staffing levels to reduce footfall in the house during an outbreak or when the risk of infection was high. The management was also familiar with the resources which could be utilised in the event of a sudden depletion of frontline staffing, including staff working overtime and the use of relief resources. While the contingency plans available were overall clear and centre-specific, the information on supplementing frontline staff known to managers was not reflected in the plan, so that it could be implemented by those less familiar with the specific needs and available resources and contingency layers of this house.

The provider had conducted an infection control audit of the designated centre in November 2021 which reviewed various aspects of governance, staffing, environment and resident consultation. While the provider assessed the service as compliant in most of the findings from this audit, it was not clear for all areas identified for improvement what the findings were, or what the actions taken by the person in charge were to address same. The local management and the managers at provider level met regularly to share updates related to the COVID-19 pandemic including suspected or actual cases in the service. While infection prevention and control was not always discussed as a regular item of team meetings, where it was discussed the inspector found examples of communication to staff of the experiences of other designated centres in which there had been escalated risk of COVID-19. There had been limited discussion of other infection control risks which may potentially present in a residential service besides COVID-19.

The infection prevention and control strategy was led by a provider-level steering group which included clinical leads. This panel reviewed the national guidance and standards for long-term residential care services and used them to inform directives and guidance to staff in their designated centres. The inspectors found some examples of where the provider had made decisions in risk control measures to be utilised by staff which were not in accordance with recommended practice, and it

was unclear of how some decisions were informed by specific infection prevention and control expertise and guidance. The provider had identified a member of staff in the designated centre who would be responsible for the adherence to good infection control practices. Staff were facilitated to attend online learning in good practices related to hand hygiene, use of personal protective equipment and breaking the chain of infection. In records of when this training was done, there were some gaps in staff attending refresher training sessions since the onset of the COVID-19 health emergency.

## Quality and safety

Infection prevention and control measures and precautions were discussed with residents through keyworker sessions. Residents were consulted and kept informed on what they could do to stay safe in the house and community, and what to expect if they presented with symptoms of infection or had to quarantine or isolate in their home. The residents were supported to understand and know what to expect before they received their vaccine against COVID-19. Residents were observed following good infection control practices and there was suitable communication methods to remind them of same. As community restrictions eased, residents were supported to return to their preferred activities and services in the community such as shops, cafés and day activities, as well as to meet with their friends and families with appropriate precautions in place. Each resident had a detailed and person-specific response strategy in the event that they are suspected or confirmed to have contracted COVID-19, and how they are facilitated to have their support needs met while in isolation.

Staff were self-monitoring for symptoms which may indicate an infection risk. This involved routinely checking their temperatures and those of others on entry to the house, and every four hours during their shift. While there were some gaps in the records of these, overall staff diligently completed records to be assured of their own safety.

At the time of the inspection, there was no current or recent active infection risks in the designated centre. However, staff were observed to be wearing surgical gloves and plastic aprons at all times, including when carrying out tasks such as preparing food and working in the office. It was not clear how these used gloves were being disposed of between individual tasks, as the only waste bin identified for their disposal was in a shed outside the service. It was not clear what the rationale for this escalated level of personal protective equipment was, absent of active infection risk, as they were not supported by centre risk assessments and controls, or the policies of the designated centre. The shed designated for donning and doffing PPE before and during staff shifts contained a digital thermometer and hand sanitiser bottle for staff which had mould on them. This was raised by the inspector and replaced by the person in charge.

Overall the environment of the designated centre was visibly clean, including kitchen, bathroom and laundry areas. There was some wear and tear surface damage to kitchen cabinets, paintwork, support rails and flooring, some of which had already been communicated to the facilities department for repair.

Improvement was required in the cleanliness of cleaning equipment, as the inspector found mops, buckets and dustpan-and-brush sets which were returned to the clean storage while visibly dirty. Dispensers for hand sanitising gel were available around the house, however a number of these were empty, broken, or not clean. The staff completed cleaning schedules to ensure that floors, work surfaces, and high-touch points were clean. However there was no record of who was cleaning the cleaning equipment and equipment for hand hygiene and temperature checks. Ventilation fans were not regularly cleaned and were observed with thick dust during the inspection.

The provider had policies in place for use of PPE and management of waste, however the practices observed during the inspection did not reflect these policies and staff guidance, and the policy did not contain sufficient guidance on the disposal of clinical waste. The centre had a box for disposal of sharp items and cannulas, however, it was not labelled and the lid was open when not in use.

This designated centre had not had an outbreak of COVID-19. However, where active risks had been identified in other designated centres or in the general community, this was discussed with staff and residents with reminders of what everyone can do to continue to stay safe in this service.

## Regulation 27: Protection against infection

The inspector found that overall the service provider was generally meeting the requirements of the national standards for infection prevention and control in community services and keeping staff and residents safe. Some aspects of the service were required to enhance the compliance with good practices, procedures and guidance for management of infection risk both during and outside of active outbreak risks. This included the following examples:

- It was not clear in the contingency plan how this designated centre would have its frontline staff supplemented in the event of a large staff depletion.
- Hand sanitiser dispensers were empty, broken or unclean around the house.
- A thermometer and hand sanitiser bottle used at the donning and doffing station had visible mould on them.
- Cleaning equipment was visibly unclean and there was no evidence to demonstrate who was cleaning them and how often. Used mop heads were returned to storage with the clean stock without being laundered.
- The policy on infection control did not guide staff on disposal of clinical waste.
- Staff PPE did not reflect the policies, guidance and risk controls outlined for this designated centre. Staff were observed wearing surgical gloves full-time



around the house and it was unclear how the risk related to contamination from used gloves was being controlled between tasks.

- It was not clear who was providing specific infection prevention and control expertise and guidance for the designated centre, particularly with relation to decisions to differ centre practices from national recommendations.
- Some wear and tear to surfaces and rails impacted on their ability to be effectively cleaned and disinfected.
- Management of sharps disposal was not in line with good practice.
- Recording of findings and actions from service audits required review to optimise their value for learning in the centre.

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 Hillview OSV-0003392

Inspection ID: MON-0035876

Date of inspection: 02/02/2022

## 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"> <li>1. The Person in Charge (PIC) shall conduct a review of the Centre's Outbreak Management Plans and contingency plans to ensure appropriate measures are in place if a large outbreak affects the staff team.</li> <li>2. The Person in Charge (PIC) shall conduct an environmental review of the Centre in regard to Infection, Prevention and Control and ensure that.               <ol style="list-style-type: none"> <li>a. Hand sanitizer units throughout the Centre have been either filled or repaired and are fully operational.</li> <li>b. All floors which appear worn and marked will be replaced. Handrails and kitchen cabinets will be repainted.</li> <li>c. All furniture is fit for purpose in regard to Infection, Prevention and Control precautions.</li> <li>d. The sharps box in the medication press is appropriately stored and labelled</li> <li>e. Any identified maintenance tasks are completed.</li> </ol> </li> <li>3. The Person in Charge (PIC) will ensure that a system is in place with the staff team to demonstrate the regular cleaning of cleaning equipment in line with the Centre's Infection, Prevention and Control practices and standard precautions. This will be discussed with team members at the next monthly team meeting on 28/03/2022.</li> <li>4. The Person in Charge (PIC) shall ensure that the policy and procedure on Infection, Prevention and Control is reviewed to ensure that there is sufficient guidance for staff in relation to the use and management of clinical waste.</li> <li>5. Quality Assurance Audit from November 21' will be revisited by the Person in Charge to ensure that the areas of improvement identified, and actions taken to address same, are on file for reference. These will also be shared with team members at the next</li> </ol>	

monthly team meeting on 28/03/2022.

The Person in Charge (PIC) will discuss the above points at the next monthly staff team meeting in conjunction with Nua's Covid-19 Risk Assessments and Standard Operating Procedures and to ensure that the staff team are clear on the specific guidance and expertise on Infection, Prevention, and Controls practices.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	08/04/2022