



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

## Issued by the Chief Inspector

Name of designated centre:	Tulla House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	25 March 2022
Centre ID:	OSV-0005323
Fieldwork ID:	MON-0035533

## About the designated centre

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

This is a service providing full-time residential care and support to four adults with disabilities. It consists of a large two storey, five bedroom house, located in a rural location on the outskirts of a small town in county Westmeath. Each resident has their own large bedroom (all of which are en-suite) and are decorated to their individual style and preference. Communal facilities include a large well equipped kitchen/dining room, a utility room, a living room, a small conservatory, staff sleepover facilities, a downstairs bathroom and an open area TV space. There are spacious well maintained grounds surrounding the centre with adequate private car parking space to the front and rear of the building. The centre is staffed on a 24/7 basis with a full time person in charge, a team leader, a deputy team leader, a team of social care workers and assistant support workers. Transport is provided so as residents can attend day service placements and access community based activities.

**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 25 March 2022	10:30hrs to 16:30hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control (IPC). During the course of the inspection the inspector visited throughout the centre, met with residents and staff and had an opportunity to observe the everyday lives of residents in the centre.

The centre was a large and spacious home for four residents, each of whom had their own bedroom. The house was nicely furnished and equipped, and had a large outside garden area, including a patio area and spacious lawn. It was evident that residents were being supported to engage in activities according to their preferences, and that there were sufficient and familiar staff on duty to support them.

On arrival to the centre it was immediately evident that the provider had put in place systems in accordance with public health guidelines, and that these were being implemented. A personal protective equipment (PPE) donning and doffing area station had been set up outside the back door, and this was the entrance any visitors were requested to use. There was hand sanitising equipment and masks available in this station. Visitors were asked to comply with current guidelines during the visit to the centre. A checklist of information including temperatures and symptom status was maintained for each visitor.

The inspector conducted a 'walk around' of the centre. The centre appeared initially to be visibly clean, however, on closer inspection it was apparent that some areas required attention, and these are discussed later in the report. There were various communal areas, including a large kitchen and sitting room, a sun room and a further living area on the spacious upstairs landing, this area was enjoyed in particular by one of the residents who had their bedroom upstairs. Some residents were out of the centre, and some were engaged in personal activities in their rooms. Not all residents communicated verbally with the inspector, but interactions observed between staff and resident indicated that staff were familiar with their ways of communicating.

Residents told the inspector that they were happy in their home, and they enjoyed living there. One of the residents was keen to show the inspector their room, and as soon as they entered the room the resident took the inspector into their ensuite bathroom to show the ceiling. This ceiling was mouldy and in a state of disrepair, and was clearly a cause of upset for the resident. The person in charge outlined the steps they had taken to address this issue, and this matter is further discussed in the next section of the report. This was the only area of the house to have this issue.

All of the residents' bedrooms were personal to them, and contained their personal items, including photographs and items relating to their hobbies and interests. It

was clear that residents kept their own rooms as they chose, with as many or as few personal items as they chose. Their rights were also respected in the communal areas of the house. There were various areas for them to use, and each resident chose where to spend their time. One resident had their own fridge and press for food storage to assist with a sense of ownership of their own diet which was somewhat restricted due to a health issue. Each bathroom had sanitising facilities and products.

Information about the recent public health crisis and restrictions had been made available to residents, and staff could describe how they supported residents, both during community restrictions and with continuing public health guidance. They could explain how they had supported residents with mask wearing and social distancing, and how they had supported residents to maintain contact with their families and friends in a safe manner. During the public health restrictions various activities had been introduced in the centre while residents were spending much of their time at home. Since restrictions had been lifted other activities were being reintroduced, and residents were again enjoying their local community, and day trips further afield if they so chose.

The provider and staff had ensured throughout the pandemic that residents were supported to maintain a meaningful life and were not subjected to unnecessarily restrictive arrangements, and that they were now returning to engaging with the community.

Regular residents' meetings were held, and IPC issues were discussed at these meetings, for example hand hygiene had been discussed at a recent meeting. Easy read information had been prepared for residents, for example there was information about vaccines and consent which included pictures to assist their understanding.

Overall, the inspector found that multiple strategies were in place to safeguard residents from the risk of an outbreak of infection, but that the provider had failed to ensure that the environment and facilities were maintained in optimum condition.

The next two sections of the report outline the findings of this inspection in relation to IPC practices, the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives in relation to infection and control.

## Capacity and capability

There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge. There was a clearly identified team with responsibility for managing the COVID-19 pandemic, including a staff member identified to take a lead role in the

management strategies.

Policies and procedures had been either developed or revised in accordance with best practice. These included policies and procedures relating to visitors, IPC, hand hygiene, decontamination, laundry and waste disposal.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of an infectious disease, the inspector found that the plan had been implemented when there was an outbreak in the centre. A 'centre specific risk assessment' had been completed by the provider which included guidance in relation to all expected events in the event of an outbreak of an infectious disease. This document covered deputising arrangements in the event of a shortfall in management cover, a shortfall in the provision of PPE, the management of staffing and plans for isolation if required.

An outbreak of COVID-19 had occurred in the centre, and the centre's contingency plan and each resident's personal plan had been implemented. The outbreak had been well managed, and not all residents had contracted the disease. Various changes and improvements had taken place both during and after the outbreak, including updates to policies and to personal plans. However, there was no overall post-outbreak report which outlined all the learning gained from the event.

Staffing numbers were adequate to meet the needs of residents, including the requirement to ensure that residents were facilitated to have a meaningful day within public health guidelines. Staff training was up to date and included the required training to ensure adherence to public health guidelines.

Staff had been in receipt of all mandatory training, including training relating to the current public health care situation. Training records were reviewed by the inspector and were found to be current, including training in relation to the use of PPE, breaking the chain of infection and hand hygiene.

Staff supervisions were up to date, and regular staff meetings were undertaken. Staff meetings included infection control as a standing item. A handover at each change of shift was maintained and this included reference to COVID-19 and the status of residents.

The inspector had a discussion with those members of staff on duty on the day of the inspection, and all staff members could describe the current guidelines, and told the inspector the additional supports that had been put in place in order to maximise the quality of life of residents. They could describe in detail the support needs for each resident, both during the outbreak, during the community restrictions, and currently with a return to more normal activities.

## Quality and safety

There was a personal plan in place for each resident which had been regularly reviewed. Each personal plans included guidance on the management and prevention of an infectious disease, residents vaccination status and PPE requirements. They also outlined the steps to be taken for each individual in the event of an outbreak of an infectious disease. There had been an outbreak of COVID-19 in the centre, and these personal plans had been implemented. They included detailed guidance for staff, both in terms of outbreak management, and the individual needs of residents in terms of activities and personal support in the format of an isolation plan. Regular 'outcomes' or goals were agreed for residents, and these had been updated during the outbreak to ensure that residents were engaged in meaningful activities within any required restrictions. Various individual home based activities had been introduced, and significant effort had been put into finding pastimes to help alleviate anxiety for some residents.

Each resident had a 'hospital passport' which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about the individual needs of each resident.

Communication with residents had been identified as a priority, and 'easy read' documents had been prepared. Discussions with residents were recorded in their personal plans, and it was clear that they had been supported to understand any necessary restrictions.

The inspector found that some areas in the centre required attention. For example, the kitchen and living areas, and more particularly in the bathrooms of two of the residents. In most cases these issues were general maintenance and cleaning, but in one of the bathrooms there was significant mould and damage to the ceiling. The person in charge explained the cause of the damp and mould, and also presented documentation outlining how repeated requests had been submitted to the maintenance department to have the ceiling repaired however, this had not been addressed. As stated earlier the resident whose ensuite bathroom was affected was clearly distressed by the situation.

The person in charge contacted the inspector on the next working day following the inspection to say that the maintenance department were on-site and had begun work on the ceiling. The person in charge submitted photographic evidence to confirmed that the work had been completed by the end of that day. However, this did not demonstrate that the provider had clear oversight of the centre, as this work had been outstanding for over five months.

Staff were engaged in some cleaning tasks when the inspector arrived, and there were various checklists in place to ensure the completion of tasks. One of these checklists however, did not appear to be an effective monitoring tool, as a pre-completed list had been printed off for each day, including the days of the month which had not yet occurred, which meant that it was not possible to verify if the cleaning had taken place or not.

An appropriate area had been identified as a donning and doffing area if this should be required in the event of an outbreak of an infectious disease, and there was also



an dedicated area at the back door, in a small shed structure, for the current public health guidelines to be completed by both staff and visitors prior to entry to the centre.

## Regulation 27: Protection against infection

While various structures and processes were in place to ensure the safety of residents in relation to IPC, the provider had not demonstrated the oversight to ensure that all aspects were appropriately managed.

The ceiling of one of the en-suite bathrooms was extremely mouldy, to the extent that it had caused the flaking of the paint or plaster.

Other less serious items also required attention, as follows:

- one of the bathrooms had debris and rust around the toilet seat attachment
- unclean grouting around the shower and dust and debris in a corner and around the expel-air
- the showers curtain in one of the bathrooms was marked and stained
- sofas in the living area had marks and smears in some areas
- there was a gap between the kitchen counter and wall tiles under which grime and debris had gathered.

In addition improvements were required in documentation including a formal post-outbreak review and an effective checklist for all the daily cleaning tasks.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Tulla House OSV-0005323

Inspection ID: MON-0035533

Date of inspection: 25/03/2022

## 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>The bathroom ceiling was stripped, treated with mold resistant covering, painted and plastic ceiling installed. This work was completed on 28th March 2022.</p> <p>The bathroom that was noted to have debris and rust around the toilet seat attachment has been replaced with a new fitting on 28th March 2022, the previous fitting was disposed of on 28th March 2022.</p> <p>The grouting around the shower and dust and debris in a corner and around the expel-air was cleaned and re grouted on 28th March 2022.</p> <p>The shower curtain in one of the bathrooms that was marked and stained was replaced on 25th March 2022 and the marked shower curtain was disposed of on 25th March 2022.</p> <p>The sofas in the living area were deep cleaned on 25th March in the evening and a daily deep clean is now undertaken to ensure that they remain clean.</p> <p>The gap between the kitchen counter and wall tiles under which grime and debris had gathered has now been cleaned, and was sealed on 29th March 2022 to prevent grime and debris collecting in future.</p> <p>A formal post outbreak review was conducted on 30th March and the daily cleaning checklist has been reviewed and was put in place from 25th March 2022 which the PIC or the Deputy for the centre checks daily.</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).

<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.	Not Compliant	Orange	30 March 2022