

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

Issued by the Chief Inspector

Name of designated centre:	Springfield
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	10 October 2022
Centre ID:	OSV-0007225
Fieldwork ID:	MON-0036024

About the designated centre

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

Springfield is located in a rural location within a short driving distance to a town in Co. Kildare. There are a number of vehicles available to residents to provide community access. The centre provides full-time care and support for individuals with an intellectual disability, autism and individuals with a mental health diagnosis. 24-hour care is provided for four adult residents. In the centre each resident has their own self-contained apartment which includes a kitchenette/living area, bedroom and bathroom. Each of these self-contained apartments are located off a main house. In the main house there is an office, kitchen and accessible bathroom. Two of the residents can access the kitchen in the main house. There is a spacious enclosed garden for recreational use. The aim of the centre is to provide a high-quality standard of care in a safe and comfortable environment for individuals with a range of disabilities. Residents are supported by a person in charge, team leaders, social care workers and assistant social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 10 October 2022	11:20hrs to 18:20hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the registered provider had in place for the management of infection prevention and control and the risks relating to healthcare-associated infections. During the course of the inspection the inspector met and spoke with residents, the person in charge and staff members. In addition, the inspector spent time reviewing documentation and observing the physical environment of the centre.

This designated centre was large rural house containing four single-occupancy apartments in which each resident had a private bedroom, bathroom and living room with kitchenette facilities. Each apartment was furnished and decorated based on the preferences and support needs of their occupants. Each resident had an allocated team of support staff as well as exclusive use of one of four cars. This facilitated each resident to pursue their own routines and activities in the house and community without affecting those of the other residents. The residents had access to large external grounds which featured a trampoline, outdoor swimming pool, outdoor furniture and large lawns separated from the staff parking area. Some areas of the premises were not clean or required some maintenance work; these will be described later in this report.

The inspector had an opportunity to meet three of the four residents in the centre, with one person in attendance at day services and adult education sessions during the inspection. Residents were introduced to the inspector and asked for permission to see their apartment. In the main, residents were supported by a team of staff who were familiar with their interests and personalities, and the inspector observed examples of friendly rapport with the residents. Residents stated that they preferred being supported by staff who were familiar to them and who treated them with respect, and told the inspector they would be comfortable raising any concerns with the new centre manager. The inspector observed friendly chat and jokes between some residents and staff including the person in charge and other senior managers. Residents commented that they understood why some features such as environmental or community restrictions were in place for them, and were observed having the ability to bypass restrictions which did not apply to them.

Residents were supported to stay busy and active in their home and community. One resident was decorating their apartment for Halloween and planned to have a party in which they and their team would dress up. One resident had been to a classic car show the day before the inspection and was chatting with staff about it. Some residents left in the afternoon to go to religious sites and to go fishing at a local river. The resident showed the inspector photographs of them with some fish they had caught before. One resident showed the inspector a small allotment in which they had grown vegetables and sunflowers. Residents also relaxed in their home watching movies, playing video games and doing artwork.

One resident told the inspector that they did not like living in this type of supported

living and hoped to move to a more independent living space. They told the inspector what they were working on with their team and in their personal routine in order to make some progress towards this goal. The inspector found examples of residents being interviewed during quality audits and how information was communicated which to them, their support structures and the operation of their home.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider, and the quality and safety of the service in respect of infection prevention and control.

Capacity and capability

Overall the inspector found evidence to indicate that the registered provider had roles and responsibilities suitably allocated to each member of management and front-line staff. The provider considered infection control as a routine part of quality review and ensured that training and guidance in infection control was available to staff.

The provider was being advised on infection control matters by an infection control committee to whom the centre management would report any concerns or queries. The person in charge, team lead and deputy leads, and front-line staff each had allocated responsibilities for identifying and responding to infection control risks. The service had appointed an infection control lead in the centre to take charge of ensuring that cleaning checklists were completed, stock of supplies were available, and guidance was kept up to date. The inspector found that risk controls and instruction to the team was, for the most part, kept up to date to reflect changes in national recommendations and remove reference to discontinued practices.

The inspector was provided the annual review of the designated centre, and the most recent six-monthly provider inspection report, both dated August 2022. These reports made limited to no mention of matters related to infection control, or challenges and achievements of the service in managing risks related to the COVID-19 pandemic, including how the provider and staff team responded to a period earlier in the year in which many staff were off duty at the same time due to cases in the community. However, the inspector found that the provider's quality department had recorded the findings of separate audits related to infection control. In a sample of records of team meeting minutes, risk assessments and control measures, the inspector found limited reference to ongoing infection control measures outside of active risks related to COVID-19. The provider had not assessed any risks related to other potential infection hazards such as Influenza, Hepatitis B, Norovirus, Meticillin-Resistant Staphylococcus (MRSA) or Clostridioides difficile (C.diff).

The person in charge had a system to allow them to monitor staff completion of online courses related to hand hygiene, food safety, infection prevention and control

practices and proper donning and doffing of personal protective equipment (PPE). Staff were provided guidance and protocols for proper management of clinical and non-clinical waste, cleaning equipment and decontamination processes, food safety, and proper use of PPE in general and during time of active infection risk. There were appropriate deputation and on-call arrangements in place to ensure that the team was appropriately led at all times.

Quality and safety

Some areas for improvement were required in the consistent implementation of protocols related to infection risk control. The use of cleaning schedules required significant review to ensure that the cleanliness of the centre property was being maintained.

The inspector observed evidence to indicate that residents had been provided education and guidance on staying safe from risks related to infection. Records of discussions regarding vaccination were available to provide assurance so that residents could make informed consent. There had been a high uptake of vaccination by both residents and staff, and where residents did not wish to receive booster vaccinations, this was respected. Posters, easy-read guidance and one-to-one discussion records were available to indicate residents were kept up to date on the status of the COVID-19 pandemic, the current precautions in place in the house, and news regarding their preferred community activities. The provider had a summary document of each residents' support and healthcare needs in the event of a hospital transfer, and this included their illness and vaccination history.

The provider had an outbreak management plan and contingency protocols (most recently reviewed in September 2022) which identified key contacts in the event of an infection risk, arrangements for deputation of management, availability of PPE stock and effective isolation of residents who test positive. There was limited information in this plan on what to do in the event of a depletion of front-line staff, where resources may be attained or what safe minimal staffing levels were for continued resident support. There had been a period in early 2022 in which more than a dozen front-line staff in the designated centre were required to go off-duty due to COVID-19, requiring the implementation of contingency protocols. The provider had not completed any post-incident review of this event to evaluate where the contingency plan had worked effectively and what learning or revision would be taken following the experience and utilisation of the plan.

The inspector observed the environment of the designated centre, as well as the vehicles, storage spaces, and waste disposal areas, identifying a number of areas which were not clean or well-maintained. Examples of observations in the residents' environment included, but were not limited to, the following examples:

- The walls, floor, ceiling, tiles and toiletries in one bathroom were dirty with bodily matter.

- A shower drain was clogged with dirt.
- A bathroom door was peeling and swollen with water damage.
- Wrappers, cans, coffee cups, fast food papers, used gloves and face masks collected in cars.
- Car seats not cleaned or vacuumed, with food, crumbs and stains.
- Inadequate ventilation in one apartment resulting in strong malodour.
- Ceilings and corners in hallways had heavy spider webs and dead insects.
- Peeling and dirty sticky tape on cupboards and appliances preventing effective sanitisation.
- Some spaces behind or under beds and couches had a build-up of dirt and debris and had not been swept or vacuumed.
- Some windows were not cleaned.
- Floorboards with gaps or worn surfaces prevented effective cleaning.
- Minor holes or cracks in walls, tiles and wooden surrounds around the premises.

These areas had been fully signed off by staff as being cleaned, sanitised, and cleared of rubbish either once or twice each day of the week leading up to this inspection, or in the case of the cars, after they were last used. Substantial review was required in the use and oversight of these cleaning schedules as they did not provide assurance that a good standard of cleanliness was consistently maintained.

For the items listed above related to maintenance and repair, these had been identified in environmental checks and promptly logged by the person in charge for the attention of the facilities team.

Staff had an area in which they could record their temperature, don face coverings and wash their hands before starting their shift and the inspector observed this practice to be followed by the team. However, the ceiling of the shed in which this was done was rotten, dripping water and was heavy with mould, and debris from the ceiling had fallen onto the sanitising equipment and in the boxes of face masks in this area.

The centre was sufficiently stocked with PPE for general use and in the event of an active infection risk. Additionally, enhanced PPE was available to staff in parts of the house in which they were routinely used for personal support. Some assurance was required in the ready availability of bins to dispose of soiled PPE as the only bins or bags for this purpose were not in close proximity to where they would be frequently used.

From speaking to the front-line staff and observing practices in the centre, the inspector observed some areas in which the management of infection risks were not consistently implemented. For example, some staff advised the inspector of practices used when cleaning clinical risk material which were contrary to the decontamination guidelines used by the provider. Staff indicated that alginate bags for laundry were also used for soiled disposable PPE. Some food in the fridge including meat and dairy was labelled with its expiry date rather than the date the food was opened. Some clinical waste had not been labelled to indicate when it was

generated in accordance with good practice.

Spaces in which food and medicines were stored were kept clean and tidy. Medical items such as blood pressure cuffs and glucose monitors were clean and stored appropriately. Sharp items such as needles and lancets were disposed of safely. A designated clinical risk bin outside was properly secured. Mop heads, poles and buckets were stored appropriately, laundered as required and ready for use in their allocated areas.

Regulation 27: Protection against infection

The inspector spoke with managers, front-line staff, and residents, observed environmental appearance and practices, and reviewed records of ongoing safety checks, audits, risk reviews and resident consultation. The inspector found evidence to indicate areas in which the service provider was ensuring that infection control risk was managed, including in the management of cleaning tools, food items, medicine and sterile stock, and in education and updates provided to staff and residents. The service had appropriate management structures at centre and provider level, as well as suitable deputation and on-call systems.

Some areas were identified as requiring revision to ensure compliance with the requirements of Regulation 27 and of the National Standards for Infection prevention and control in community services (HIQA, 2018), in the consistent implementation of risk control measures, and adherence to good practice related to the provider's infection control guidance. A number of areas of the centre property were not clean on inspection, however the areas identified had been signed off as fully cleaned and sanitised by those to whom responsibility was delegated. This did not provide assurance that routine cleaning and disinfecting of the environment was consistently occurring.

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 Springfield OSV-0007225

Inspection ID: MON-0036024

Date of inspection: 10/10/2022

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 compliance with regulation 27, the following actions will be taken:</p> <ol style="list-style-type: none"> 1. While there are measures in place to ensure resources are attained in the event of depletion, the Person in Charge (PIC) will complete a review of the Designated Centre’s Contingency Plan in relation to Infection, Prevention & Control to incorporate clarity in relation to these procedures. 2. The PIC will complete a review of the cleaning schedule and ensure areas are cleaned accordingly as per the cleaning SOP’s. Note: An additional table has been added to the handover log to outline cleaning duties assigned to staff on shift which they complete. Management sign same once checks are complete. This will ensure clear oversight. 3. The PIC shall conduct an environmental review of the Centre in relation to Infection, Prevention & Control regarding all areas identified during the inspection as outlined within the report inclusive of maintenance work. 4. The Person in Charge (PIC) will discuss the decontamination process with the staff members during a team meeting (scheduled for the 24 October 2022). In addition, a communication discussing the decontamination process was also shared with the team. 5. All the above points will be discussed at the next monthly team meeting held on the 24 October 2022 6. As a quality improvement measure the Director of Operations in conjunction with Infection, Prevention and Control Team will review all risks related to other potential infection hazards via the organizations, Quality and Safety committee and Infection Prevention and Control committee. 	



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	20/11/2022