



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

## Issued by the Chief Inspector

Name of designated centre:	Belfry House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	12 April 2022
Centre ID:	OSV-0008157
Fieldwork ID:	MON-0035830

## About the designated centre

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

This centre comprises of a large detached house in a tranquil rural setting in County Cavan. There are four stand alone apartments each consisting of a sitting room/living room and a large ensuite bedroom. The main part of the house consists of a kitchen, staff office, a utility facility, a bathroom, sitting room and a double ensuite bedroom. To the rear of the property there is a games room/relaxation room and a laundry facility. There are well maintained gardens to the front and rear of the property with adequate private care parking space.

The centre is staffed by a person in charge, two deputy team leaders and a team of assistant support workers. Transport is provided to the residents for social outings, drives and trips to nearby towns and villages.

**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
Tuesday 12 April 2022	11:00hrs to 16:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation to infection prevention and control. The inspection was completed over one day. The inspector met and spoke with two residents over the course of the inspection and observed their daily interactions with staff and lived experience in the centre. Residents appeared happy and content living in this service and staff were observed to be caring and professional in their interactions with the residents.

This centre comprised of a large detached house in a tranquil rural setting. The ground floor consisted of a kitchen, staff office, a utility facility, a bathroom, sitting room and a double ensuite bedroom. There were also four stand alone apartments each consisting of a sitting room/living room and a large ensuite bedroom. To the rear of the property there a games room/relaxation room and a laundry facility were available to the residents.

On arrival to the centre, the inspector noticed that a designated external donning and doffing room was available, where all staff and visitors had their temperature taken, were requested to wear appropriate PPE (FFP2 masks) and sanitize their hands prior to entering the premises.

The inspector was shown around the facility by the person in charge and introduced to some of the residents and the staff. The inspector observed that the premises were modern, clean and free from clutter. They were also warm, bright, and provided a comfortable home for the residents to enjoy.

During this walk around the inspector noted staff engaging residents in different activities. One resident liked to walk around the grounds of the centre and spoke to the inspector at various intervals over the course of the inspection. The inspector observed that staff were at all times attentive to this residents needs. The inspector also saw the inside of their apartment and it appeared clean and tidy. The resident said they were happy with their apartment and, appeared relaxed and comfortable in the presence and company of the person in charge and staff.

Another resident was observed relaxing in the sitting room watching TV. This room was clean, tidy, warm and welcoming. The resident said they were happy living in the house and would speak with staff if they had any issues. The inspector also observed that staffs interaction with this resident was positive and friendly while at the same time professional. The resident appeared very relaxed in their home and the inspector observed them having a cup of tea in the kitchen, chatting with staff later in the day.

The inspector viewed another residents apartment and while it was observed to be clean, it was also decorated to their individual style and preference. Each resident had their own entrance to their apartment and it was observed that there were a

number of hand sanitising gels available throughout the premises. Staff were also observed to be following current public health measures in relation to long-term residential care facilities. For example, they sanitised their hands at regular intervals over the course of this inspection and, all were observed to be wearing appropriate PPE.

While some issues were identified with the storage of mops and buckets and with the upkeep of some IPC related documentation, the inspector saw that the centre was maintained to an appropriate standard and was clean and tidy throughout. The remainder of this report will provide an overview of how the provider had ensured they were for the most part, meeting the requirements of regulation 27: Protection against infection, and how they were implementing the National Standards for infection prevention and control in community services.

## Capacity and capability

The provider had in place a range of policies and procedures, supported by a comprehensive suite of training for staff so as to ensure they had the required knowledge to implement effective infection prevention and control (IPC) in this centre. The provider had also ensured that practices, which support good IPC, were subject to regular audit and review.

The person in charge of the centre was responsible for the implementation of the providers policies and procedures regarding IPC. However; to support the person in charge, the provider had put in place an effective mechanism for the overall governance and oversight of their services and for effective IPC related practices. For example, the provider had put a system of weekly management meetings in place where any COVID-19 related issues/developments were discussed and any updates on IPC guidance from Public Health was disseminated.

The inspector reviewed a number of documents the provider had in place to support the effective delivery of their operation. These included policies and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. The inspector found that for the most part, these documents were kept up-to-date and had been subject to ongoing and regular review.

The contingency planning document was clear and straightforward to follow. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-19 in the centre. From speaking with the person in charge the inspector was assured they had a good knowledge of this document and how to implement it.

All residents in this service were supported at all times by a staffing ratio of 2:1 and/or 1:1. The inspector found that on the day of this inspection, there were sufficient staff on duty to support the residents in line with their assessed needs and from a sample of records viewed, staff had training in IPC to include hand hygiene

and donning and doffing of PPE.

## Quality and safety

The communication needs and preferences of the residents were clearly detailed in their personal plan. The provider had also developed a health-related hospital passport so as to alert staff and other healthcare professionals to the residents assessed needs and how best to communicate with them and, support them.

An IPC risk assessment was in place for each resident living in the centre. The inspector observed they all had their own individual apartments with ensuite bedrooms (except one resident who had their own large ensuite bedroom in the main house) and had 2:1 and/or 1:1 staff support at all times. This meant that in the event of a resident having suspected and/or confirmed COVID-19, they could remain in their own home and not have to use an isolation facility, unless clinically indicated. It was also observed that in January 2022 some staff had been confirmed with COVID-19 however, the person in charge reported that contingency plans were put in place and this issue did not impact on the residents.

By reviewing a number of key documents, the inspector was able to see how staff were following the provider's general policies and procedures on IPC, through the practices that were in place in the centre. Examples of these were noted throughout the course of the inspection and included staff being observed appropriately wearing PPE in accordance with public health guidance and staff engaging in regular hand hygiene practices.

Additionally, a number of checklists and audits were in place to ensure good hygiene of the centre. The inspector reviewed a sample of these documents and found them to provide a comprehensive account of the cleaning activities being undertaken by staff. These covered routine cleaning tasks such as regular cleaning of the floors, kitchen and bathrooms and also included schedules for regular cleaning of daily touch points such as doors and window sills.

It was observed however, that some IPC related documentation required review so as to ensure it was up-to-date. For example, some dates on cleaning schedules had not been signed off by staff. It was also observed that the flushing of taps/shower in an unoccupied apartment was not being adequately recorded and, the storage area for mops and buckets required attention

Notwithstanding, the entire centre (to include the individual apartments and communal areas) appeared well maintained, clean, tidy and free from clutter on the day of this inspection. It was also observed the premises had been deep cleaned and sanitized in January 2022 by an external company.

## Regulation 27: Protection against infection

The provider put in place systems and process in relation to infection prevention and control in this centre. Staff had training in infection prevention and control (to include donning and doffing of PPE and Hand Hygiene) and were found to be confident and competent in their IPC practice. The oversight of IPC practices by the person in charge supported the overall delivery of the quality and safety of this service. The person in charge was also supported by the senior management team in the organisation.

However, some IPC related documentation required review so as to ensure it was up-to-date. For example, some dates on cleaning schedules had not been signed off. It was also observed that the flushing of taps and the bathroom in an unoccupied apartment was not being adequately recorded and, the storage area for mops and buckets required attention

Notwithstanding, on the day of this inspection, the premises were observed to be well maintained, clean, tidy and free from clutter.

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 Belfry House OSV-0008157

Inspection ID: MON-0035830

Date of inspection: 12/04/2022

## 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> <p>On 13th April 2022, daily checks to flush the toilet and run the water from the kitchen tap and bathroom tap, and shower were introduced and documented on the daily handover for the vacant apartment.</p> <p>On 13th April 2022, hooks were mounted to enable all mops and brushes to be stored safely and in a clean and tidy fashion.</p> <p>PIC will ensure, cleaning schedules and dates of same (daily) now form part of the daily handover which the PIC or delegate signs twice a day (completed and in place from 13th April 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	12/05/2022