



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

Issued by the Chief Inspector

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| Name of designated centre: | Renua Services |
| Name of provider: | Health Service Executive |
| Address of centre: | Sligo |
| Type of inspection: | Unannounced |
| Date of inspection: | 25 April 2022 |
| Centre ID: | OSV-0002618 |
| Fieldwork ID: | MON-0036724 |

About the designated centre

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

Renua provides full-time residential services to three male and female adults with a low to moderate intellectual disability over the age of 18 years. The centre is run by the Health Service Executive (HSE) and is located on the outskirts of a town in Co.Sligo. This centre comprises of a bungalow dwelling where residents have their own bedroom and also have access to a large kitchen dining room two sitting rooms, utility room and two bathrooms. Residents also have access to a well-maintained garden space both to the front and rear of the centre. Residents are supported day and night by staff working at the centre.

The following information outlines some additional data on this centre.

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| 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 |
|----------------------|----------------------|-----------------|------|
| Monday 25 April 2022 | 10:30hrs to 16:30hrs | Catherine Glynn | 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 three 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. 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 and office area combined. All residents were present at the commencement, 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. While the residents were busy interacting with staff in their usual morning activities, the inspector completed a walk around of the centre. During the walk around the inspector observed and noted nine rooms that had significant mould evident on the ceilings, and walls. 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. In three rooms there was also further evidence of water damage which resulted in bulging of the plasterwork and cracked paint in three rooms. The provider was asked to provide assurance during the course of this inspection regarding the remedial works required in the centre. The provider and maintenance staff responded that remedial works would commence on the areas with mould and damaged plasterwork the day after the inspection.

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. 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 a field 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 would be implemented should an outbreak occur 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.

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 an 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. 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.

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 no outbreak of COVID-19 in the centre at the time of the inspection. 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 bedrooms of two of the residents. In most cases these issues were general maintenance and cleaning, but in a number of rooms there was significant mould and damage to the ceiling. The staff on duty, 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 ceilings and walls repaired however, this had not been addressed. In addition, on review of the quality improvement plans for 2021 and 2020, repair work and paintwork was listed as an action, however these were not addressed at the time of the inspection. Furthermore, the inspector found that hand sanitisers and first aid boxes and contents were not being checked effectively, as they had products that had passed their expiry date. During the inspection, the staff in charge replaced all first aid boxes and had ensured that a monthly checklist was in place.

The person participating in management was contacted by the inspector on the day of the inspection regarding the mould, paintwork and plasterwork issues. The manager responded and advised that the maintenance work was commencing the

following day after the inspection. The inspector also met with the maintenance staff during the inspection, who advised of plans in place to address the remedial works required. While the critical issues were being addressed the provider did not clarify about the following work required; paintwork through the centre, repair to plasterwork, replacement of kitchen units and fixtures. This work had been identified as seen on the quality improvement plans for 2020 and 2021, the provider had not ensured these issues were addressed in a timely manner.

Overall, the inspector found that the oversight of the cleaning systems in place in the centre were not effective, monitored appropriately and issues that were identified in the provider led audits, had not been addressed satisfactorily and there was no clear time bound plan in place for all issues listed over the last two years.

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 some tasks were not included, for example the filter in the extractor fan.

Residents' health, personal and social care needs were regularly assessed and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Residents were supported to access vaccination programmes if they chose to, and to make informed decisions when offered COVID-19 vaccines.

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.

- 8 rooms had mould on the ceiling and walls.
- 3 rooms had evidence of water damage, plaster was bulging with flaking of the paint and plaster.
- the kitchen cabinets were worn, missing handles and some doors were not closing effectively, the cupboards had grooves in the door design which had evidence of dirt and grime as a result.
- one cupboard had evidence of water damage and was discoloured

- the extractor fan was noticeably dirty and the filter was discoloured.
- in two sitting rooms there was dust evident on the window frames and some furniture also had evidence of dust and debris on the skirting board, cobwebs were noted also.
- the kitchen window sill was worn and the paint was peeling
- cupboards in the utility were also worn, and discoloured.
- there was inappropriate storage of medical devices in the kitchen area that were not required and not in use.
- there was evidence of dust and debris behind and beside cupboards in a number of rooms
- hand sanitiser was out of date.

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 Renua Services OSV-0002618

Inspection ID: MON-0036724

Date of inspection: 25/04/2022

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 | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To ensure compliance with Regulation 27 the following actions have been undertaken:</p> <p>The 8 rooms / areas of concern have been cleaned and disinfected from mould using a biological cleanser – completed 19-5-22</p> <p>Extensive repairs have been completed to the entire roof to prevent mould reoccurring – This includes the felt rebatton on all 3 gable ends, the rebuilding of the valleys, new lead and all fascia and soffits replaced .All improvements to the roof will prevent the reoccurrence of the dampness /mould built up and water penetration. The maintenance team will monitor the effectiveness of these improvements and is scheduled to carry out visible checks monthly. Completed 19-5-22</p> <p>All rooms will be painted by 30-6-22</p> <p>The 3 rooms / areas of concern with water damage have been scrapped and cleaned down .Completed 26-5-22 These areas will be plastered and painted by 30-6-22</p> <p>Kitchen cabinets have been clean, temporary repairs to handles and loose hinges will be carried out by 26-5-22</p> <p>New kitchen will be installed by 31-12-22</p> <p>Extractor fan cleaned and filter replaced – 30-4-22. Cleaning of extractor fan and filter added to new deep clean schedule and weekly schedule chart.</p> <p>New deep clean schedule has been devised which allocates the various cleaning duties</p> | |

and areas (ie: sitting rooms/bedrooms/kitchen cupboards) to assigned staff members—completed by 20-5-22. Staff meeting held 3-5-22 to discuss and outlined the new deep cleaning regime and IPC thematic inspection. The Meg audit is in place to identify areas of concerns and all actions will be added to the centers QIP .

Going forward governance visits will take place monthly by the ADON/DON to ensure compliance with the regulations. Issues identified will be discussed at the Person in Charge governance meetings.

Window sill in kitchen will be prepped, sealed and painted by 30-6-22

Cupboards in utility room will be replaced, layout of storage will be reconfigured to accommodate equipment (ie: safe, drug press, filing cabinet) and declutter the sitting room area. To be completed by 10-6-22

Medical device (nebulizer) in kitchen has been removed and is now stored within the residents bedroom – completed 27-4-22

Out of date hand sanitizer discarded and replenished within in date sanitizer –completed on 26-4-22. Checking the dates on hand sanitizer and other items added to the audit checklist.

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 | 31/12/2022 |