



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

Issued by the Chief Inspector

Name of designated centre:	Greenacres
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	18 May 2022
Centre ID:	OSV-0005803
Fieldwork ID:	MON-0036451

About the designated centre

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

Greenacres is a designated centre located in a rural area in Co.Wexford. Greenacres aims to provide 24-hour care to children with disabilities both male and female aged between 12 to 18 years of age with a wide range of support needs including Intellectual Disabilities and Autism Spectrum Disorder (ASD). The centre is staffed by a full time person in charge and a team of social care workers and assistant support workers. Nua Healthcare also provide the services of the Multidisciplinary Team. These services include; Psychiatrist, psychologist, Occupational Therapist, Speech and language Therapist and nurses.

The centre itself is a two-storey detached house. The ground floor consists of kitchen/dining area, living room, utility, WC and foyer. On this level there is also an individual supported living area with consists of bedroom 1 with en-suite and living room/kitchenette. There is also spacious gardens and a trampoline for recreation. There is a recreational & play area which is situated at the back of the property. On the first floor, there is bedroom 2 with en-suite, bedroom 3 with en-suite, main bathroom, a staff office and a landing. Amongst the local amenities are hairdressers, a library, local parks, a community centre, horse riding centre, GAA club, selection of restaurants, shops, and social groups

The following information outlines some additional data on this centre.

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
Wednesday 18 May 2022	08:30hrs to 13:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the levels of compliance in the centre 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 provider had implemented infection prevention and control measures within the centre, which were in place to keep all young people safe from infection. There are three young people living in this centre, two have their own spacious bedrooms and use of the communal areas of the premises and one has their own individualised, self-contained apartment but can also access the communal areas if they wish. The inspector had the opportunity to engage with two young people or observe activities they engaged in on the day of inspection. These engagements combined with documentary review, discussions with staff and observation of staff practice are incorporated into the findings of the inspection.

This centre comprises one two-storey house in a rural setting with an additional large room identified for use as a relaxation or 'chill out' area, separate to the house to the rear. There is a large garden surrounding the property and on the day of inspection there was a bouncy castle in the garden which had been part of a celebration for a young person. A number of sheds located next to the rear door of the house used for storage of cleaning equipment or for the staff to engage in putting on and off personal protective equipment. The premises in this centre was clean, warm and inviting and the young people had been involved in decorating their personal spaces in an individualised manner. One area that required some improvement with regards to cleaning was the recreation room separate to the house and this is outlined further later in the report.

The inspector found that the centre was, for the most part, well maintained and the provider had a clear system in place for the identification of matters that required attention. There had been water leaks from upstairs bathrooms into downstairs rooms including one young persons bedroom and the communal sitting room. However, the provider had immediately dealt with the outcome of the leaks, had identified the need for repairs and was actively getting quotations for the works which were scheduled for completion. This provided assurances to the inspector that matters regarding the maintenance of centre premises were effectively dealt with.

On arrival, one young person was having their breakfast and was getting ready for their day in school. There was a relaxed and pleasant atmosphere in the kitchen and dining room. The young person greeted the inspector, explained they were going to school and told the inspector about what their day would be like. Staff were observed to support the young person in engaging in personal care and in ensuring their belongings were ready for the day. They were then supported to travel to school. Other staff were observed to engage in cleaning up the kitchen and in

ensuring that processes in place for cleaning were followed. Another young person was not attending school that day and later in the morning when they woke they came out to the recreation room to say good morning to the person in charge. They later welcomed the inspector into their apartment and explained that they were playing a game on their games console with staff and asked the inspector if they were any good at video games. This young person was relaxed with the staff team supporting them and observed to engage in activities they had selected to completed and to enjoy them. Later there was a plan made for them to go out supported by staff.

The third young person was also not in school on the day of the inspection which is part of their weekly schedule and they choose to sleep-in late and to remain in their room. They did not engage with the inspector and this was respected.

On arrival to the centre the inspector was guided to enter via an assigned door and to follow the procedures for checking temperature and to complete infection prevention and control recording systems. There was hand sanitising gel supplied and this was observed to be present throughout the centre. As this inspection took place during the COVID-19 pandemic precautions were taken by the inspector in line with national guidance for residential care facilities. This included wearing face masks, regular hand hygiene and social distancing.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered with respect to infection prevention and control.

Capacity and capability

Overall the provider had systems in place for the oversight of the delivery of safe and effective infection prevention and control practices in the centre. However, there were a number of improvements required in relation to the storage of cleaning equipment and the cleaning of some areas in the centre. The provider had for the most part implemented systems and controls that kept the young people and the staff team safe in this centre.

As part of a programme of focused inspections commenced by HIQA in October 2021 focusing on infection prevention and control practices, this inspection was carried out in the centre to assess the discipline and practice in this area. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

The person in charge facilitated this inspection and the director of operations for the centre also attended to further outline the oversight arrangements in place in the centre. Both members of the management team had a good understanding of the

young peoples' needs and also of the arrangements in place to support them with individual care preferences. The staff team in the centre were also familiar with the young peoples' assessed needs and were clear when talking to the inspector on how they supported them in both routine activities and in new or one off situations.

Within this centre there are clear and effective management systems in place with a person in charge supported by two deputies. The person in charge was also supported by the systems the provider had in place which included an ability to access current infection prevention and control guidance and staff were familiar with how to access this. The provider also had an established on-call system to ensure there was out-of-hours support available to staff at all times.

The provider had appointed a member of the staff team with specific responsibility for the infection prevention and control arrangements in the centre. All of the staff team had all been in receipt of specific training to support the implementation of standard operating procedures in respect of cleaning and the management of infection prevention and control. All staff were knowledgeable when speaking with the inspector regarding their role and responsibilities.

The provider had ensured there was a detailed COVID-19 contingency plan in place for the centre which outlined among other areas how staffing ratios would be maintained during an outbreak and a consultation process with staff members had been undertaken in regards to the operation of the centre during an outbreak. Contingency planning also identified basic infection prevention and control measures which were implemented to ensure that the centre was cleaned and disinfected and also the enhanced infection prevention and control arrangements which would be implemented during an outbreak such as the use of additional personal protective equipment (PPE), donning and doffing areas and the cleaning and disinfection of the centre.

The providers six monthly unannounced audit report and their annual review were available for review and they contained actions relating to infection prevention and control. Actions were assigned to an individual for completion and progress was monitored. The person in charge ensured regular audits were occurring which included reviews of cleaning checklists and weekly house and health and safety checks. The two deputies took responsibility for completing assurance checklists indicating that they reviewed and monitored areas such as the temperature check records, hand hygiene reviews and PPE stock levels.

Quality and safety

The inspector found that there was evidence of good practice relating to infection prevention and control being followed in this centre. The centre was clean and staff were observed actively following cleaning schedules over the course of the day with

the exception of the recreation room which required attention to bring it to the same standard as the rest of the centre and this was discussed on the day.

It was clear from the centre strategy document and the COVID-19 contingency plan that the young people were the focus of care. These plans highlighted each young person's individual care requirements which would need to be met should they need to self-isolate or where enhanced precautions were needed. Procedures were in place for the implementation of for example, good hand hygiene practices, management of laundry, waste management and clear guidance for staff to follow in monitoring the young people's health status. In addition all of the young people in the centre took part in individual key working sessions with staff where aspects of infection prevention and control were discussed. The young people were supported to keep themselves safe from healthcare infections with information provided in an appropriate and accessible manner. There was evidence that the provider had taken learning from other centres operated by them and ensured this learning was applied within this centre.

As mentioned earlier, the centre was for the most part clean and the provider had plans in progress regarding the refurbishment of bathrooms and repair of leaks to ensure the centre was kept in a good state of repair. Staff members spoke of the general cleaning arrangements in place and the inspector observed these being completed. The recreation room was not included on the daily schedule and while the inspector acknowledges that the young people do not use this room on a regular basis it is part of the designated centre and could be freely accessed and used at any time, therefore needs to be cleaned to the same standard as the rest of the premises.

Cleaning equipment was kept in a shed specifically allocated for this purpose. Staff had access to this area at all times and the mop system was seen to be colour coded and separated when stored. However the mop handles were hung from hooks that were too low, this meant that the mop heads were sitting wet on the bottom of each bucket and this required review to ensure they could dry and that water did not sit and pool in the buckets.

The provider and person in charge had considered the management of risk relating to infection prevention and control. Risks both at centre and at individual level had been considered and the inspector found that these were assessed and reviewed on an ongoing basis. Control measures in place were current and detailed, allowing staff to follow guidance and mitigate the potential risk. The overarching centre based risks were linked to policies and procedures that the provider had in place.

Regulation 27: Protection against infection

Overall the inspector found that the registered provider was meeting the requirements of the national standards for infection prevention and control in community services and keeping the young people and the staff team safe.

However, some improvement was required in the following areas some of which had been self identified by the provider and some that were identified by the inspector:

- The storage of cleaning equipment, in particular the mops and buckets required review. While the provider had provided a shed for storage, the mop heads were sitting damp inside the buckets as they were not hung sufficiently high enough. This did not allow for the mops to dry easily and left remnants of water sitting in the buckets.
- An area of the designated centre which was located externally to the main house and allocated as a 'chill out' room needed to be cleaned on a more regular basis. The inspector found items were stored behind a television cabinet in a corner and not moved to allow for cleaning. There was visible dirt in some areas of the flooring in the room which was shown to the person in charge on the day and insects on windowsills that had not been removed or cleaned. In addition, an item of furniture which was a large bean bag was present in the room and was torn which prevented effective cleaning. It is acknowledged that the beanbag was identified as not being used by the young people however, it was located in the middle of the room.
- There were a number of damaged surfaces evident in the centre, which the provider had self identified, one was observed at the top of the stairs on a frequently touched surface and one was a damaged surface in an area used only by a single young person. These would prevent effective cleaning of these areas. While they were scheduled for repair they were damaged on the day of inspection.
- The young people each had access to their own bathroom and the inspector found that cloths/sponges used by the young people to wash were left wet on the floors of showers and not hung to dry. In one shower a plaster was observed in a corner first thing in the morning and when viewed later in the day was still present and had not been removed.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Greenacres OSV-0005803

Inspection ID: MON-0036451

Date of inspection: 18/05/2022

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>1. The Person in Charge (PIC) shall conduct an environmental review of the Centre regarding Infection, Prevention and Control and ensure that:</p> <ul style="list-style-type: none"> • Cleaning equipment is hung at higher level so that mop heads are not sitting in mop buckets, where remnants where mops head have been dripping in the mop buckets. • Relaxation room is added to SOP (Standing Operating Procedure) cleaning schedule, so that the area is cleaned on daily basis, inclusive of addressing the storage behind the TV unit as identified in the inspection. • All areas identified for paint work to be completed within a timely manner to allow for effective cleaning to be completed. • Unit door in Service Users apartment to be replaced to allow effective cleaning. • Hooks to be placed in all the Service Users showers so that all shower flannels can be hung up after usage. <p>2. The Person in Charge (PIC) will discuss the above points at the next monthly team meeting on the 29.06.22 with reference to Nua Healthcare’s Covid-19 Daily Standard Precautions.</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	29/06/2022