



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

## Issued by the Chief Inspector

Name of designated centre:	Tus Nua
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	29 April 2022
Centre ID:	OSV-0002662
Fieldwork ID:	MON-0036441

## About the designated centre

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

Tus Nua is a designated centre operated The Rehab Group. The designated centre provides community residential services to three adults with a disability. The centre is located in a town in Co. Tipperary close to local facilities including shops, banks and restaurants. The centre is a detached two-storey house which comprises of three individual resident bedrooms, entrance hall, two sitting rooms, a kitchen/dining room (upstairs and downstairs), a utility room, a number of bathrooms and a staff office. Staff support is provided by a person in charge, team leader and care staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

3

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Friday 29 April 2022	09:45hrs to 14:00hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance 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).

This inspection took place during the COVID-19 pandemic. As such, the inspector followed public health guidance and HIQA enhanced COVID-19 inspection methodology at all times. The inspector carried out the inspection primarily from the upstairs living area in the designated centre. The inspector ensured both physical distancing measures and use of personal protective equipment (PPE) were implemented during interactions with the residents, staff team and management over the course of this inspection.

This centre provided a residential community service to three residents. The inspector had the opportunity to meet and spend time with the three residents as they went about their day, albeit this time was limited. At the start of the inspection, two residents were preparing to leave the centre to attend their day service. The third resident was supported to access their local community for lunch. The residents appeared happy and comfortable in their home. The inspector observed positive interactions between the residents and the staff team.

The premises was a detached two storey house, consisting of three individual resident bedrooms, entrance hall, two sitting rooms (upstairs and downstairs), a kitchen/dining room (upstairs and downstairs), a utility room, a number of bathrooms and a staff office. The premises was a homely environment decorated with residents' belongings and to the residents individual preferences and needs. The inspector observed a number of photos of the residents and people important in their life around the centre. Overall, the premises was observed to be well maintained and in a good state of repair. However, the inspector did observe one area of plaster under the stairs which was in need of repair. This had been self-identified by the provider and plans were in place to ensure the plaster would be repaired as appropriate. There was a well maintained garden to the rear of the centre which included a garden shed.

During the inspection, the inspector observed aspects of fire containment which required review. For example, two fire doors were observed to be wedged open and one self-closing device was not fully operational. The inspector sought written assurances from the provider post inspection on plans to review and address the fire containment concerns.

The inspector observed a number of measures in place to promote a clean environment that minimised the risk of transmitting a healthcare associated infections. These included regular temperature monitoring of both residents and

staff members, pedal operated bins, PPE and hand hygiene facilities. The premises was observed to be visibly very clean and cleaning schedules were in place. On arrival to the designated centre, the inspector observed members of the staff team actively in the process of completing the cleaning schedule and an external contractor on-site cleaning the external windows of the centre

However, the storage of some cleaning equipment was not appropriate and required review. For example, one mop was observed stored damp and in its bucket in the upstairs dining room. This practice posed an infection control risk. The inspector also noted a visible build up of lime scale on two flip-down shower chairs on the day of inspection. There were no specific cleaning schedules or records in place for the cleaning of this shower chairs. The two shower chairs were mounted on wood and the paint was observed as peeling from one piece of wood. This required review as it impacted on the ability to effectively clean these areas and posed an infection control risk.

Overall, it was found that the residents appeared happy and comfortable living in their home on the day of inspection. Systems were in place to ensure that infection prevention and control measures were consistent and effectively monitored. However, some actions were required to ensure that the infection prevention and control measures implemented were consistent with the Regulation 27, the national standards and in line with the provider's own policy on infection prevention and control.

The next two sections of the report will discuss findings from the inspectors review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

## Capacity and capability

Overall, the inspector found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare associated infection in the centre.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control measures in the centre. The centre was managed by a full-time person in charge. The person in charge was responsible for the management of one other designated centres and was supported in their role by an experienced team leader. The centre was also supported by a senior management team which included an on-call system who were available to support if any infection control or COVID-19 concerns arose.

There was evidence of regular quality assurance audits of the quality and safety of care taking place including the annual review and unannounced six monthly audits.

In addition, audits of infection prevention and control and health and safety had been undertaken. The infection control audit identified areas for improvement and action plans were developed in response. For example, the build up on lime scale on shower fixtures had been self-identified. This had been cleaned and reviewed by the provider. In addition, the provider had arrangements in place to review and learn from infection prevention and control risks. For example, there was evidence of reviews of the centre's response to previous suspected and confirmed cases to ensure they were effective and appropriate.

There was an established staff team comprised of care workers in place. Staff members worked with the residents and were responsible for ensuring the provider's systems and policies regarding infection control were implemented in the centre. As noted, on arrival to the centre, the inspector observed members of the staff team in the process of carrying out the cleaning duties. Members of the staff team spoken with demonstrated a good knowledge of the practices and procedures in place for safe and effective infection prevention and control. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The staff team practices were guided by the provider's policies and procedures. For example, the provider had an up to date infection control policy in place. The provider had developed a clear centre specific COVID-19 contingency plan in the event of a suspected or confirmed case of COVID-19. Staff meetings were taking place regularly and the inspector reviewed a sample of staff meeting minutes and found that infection control and COVID-19 were regularly discussed.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centre's staff team training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, infection prevention and control, the donning and doffing of PPE. The person in charge regularly reviewed training records and the staff team training needs and scheduled further training when required.

## Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. However, as noted some improvement was required in relation to the cleaning of the surfaces of personal support/assistance equipment and the storage of cleaning equipment to promote safe and effective infection prevention and control.

The inspector observed appropriate infection control practices in relation to waste disposal (including clinical waste) and laundry management. However, some improvement was required in the storage of cleaning equipment. As noted, the inspector observed one mop was observed stored damp and in its bucket in the

upstairs dining room.

Cleaning schedules were in place and these were implemented by the staff team daily. Cleaning schedules outlined areas of the centre to be cleaned including the residents' bedrooms, bathrooms, the kitchen/dining areas and living areas. The centre was observed to be well ventilated on the day of inspection, with windows open where possible. As noted, the premises was observed to be visibly very clean. However, some surfaces required review so that they could be effectively cleaned and sanitised. For example, the inspector observed lime scale build up on two flip-down shower chairs. In addition, the shower chairs were mounted with wood which posed an infection control risk and required review.

There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessments had been developed regarding potential infection control and COVID-19 risks. Risks had been assessed and mitigating measures were implemented when necessary. Throughout the day, the inspector observed all staff members wearing personal protective equipment in line with the current national recommendations for residential support settings. The inspector reviewed documentation which demonstrated the staff team were monitoring both the residents and staff teams temperatures. Staff were observed completing appropriate hand hygiene during the inspection.

It was evident that infection control and COVID-19 measures were discussed with the residents in a way that was accessible to them. Social stories had been developed for residents regarding infection control, vaccines and COVID-19. These topics were also discussed with the residents during one-to-one meetings.

## Regulation 27: Protection against infection

Overall the inspector found that the service provider was meeting the requirements of the national standards for infection prevention and control in community services, and keeping the staff team and the residents safe. There were clear management and oversight systems in place and infection control measures were regularly audited and reviewed. The designated centre was visibly clean on the day of the inspection and cleaning schedules were in place. The staff team were guided by the provider's infection control policy and all staff had completed training in areas including infection control, hand hygiene and donning and doffing PPE.

However, some improvement was required in the appropriate storage of cleaning equipment. In addition, some improvement was required in the environmental maintenance to optimise the ability of staff members to effectively clean and sanitise surfaces around the house. These included two flip down shower chairs which were observed with a build up of lime scale. The shower chairs were also mounted with wood which posed an infection control risk.

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 Tus Nua OSV-0002662

Inspection ID: MON-0036441

Date of inspection: 29/04/2022

## 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> <ul style="list-style-type: none"><li>• Area of plaster under the stairs was re-plastered and fully repaired on the 21-05-2022. Any further damage will be identified in the maintenance log and repaired within 1 month.</li><li>• Wood mount on shower chair and rail was removed and repaired on the 21-05-2022. These will be checked during the Monthly Hazard Inspections and any defects identified and documented in the maintenance log will be repaired.</li><li>• Visible build-up of lime scale on flip down shower chairs removed on the 3-05-2022. Cleaning schedule amended to record specific cleaning for individual shower chairs. Professional cleaning company will be used to deep clean as required.</li><li>• The storage of mops has been reviewed and colour coded mops are washed, dried and stored as outlined in SOP4 in line with HSE/ HSPC guidance and HIQA IPC standards from the 3-05-2022.</li><li>• Staff completing Monthly Hazard Inspections will identify any issues / areas of concern under Cleanliness / Hygiene and escalate to the PIC, to be addressed.</li><li>• SOP's will be reviewed with staff at the team meeting on the 1-06-2022.</li><li>• IPC will be discussed at monthly team meetings and at individual staff supervisions meetings.</li></ul>	

**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	01/06/2022