



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Tignish House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	05 October 2022
Centre ID:	OSV-0004262
Fieldwork ID:	MON-0035804

About the designated centre

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

Tignish House is a designated centre is located near a town in County Wicklow and is operated by Nua Healthcare. It provides a community residential service to four adults with an intellectual disability and autism. The designated centre is a detached two story building which consists of a kitchen come dining room, sitting room, a sensory room, a relaxation/TV room, a number of shared bathrooms, four individual bedrooms, a staff sleep over room and an office. The centre is staffed by a person in charge, social care workers and assistant support 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
Wednesday 5 October 2022	10:30hrs to 17:45hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. Throughout the day the inspector met and spoke in detail with the person in charge and with two members of the staff team who were on duty. The inspector also had the opportunity to meet with two of the four residents who lived in the centre. In addition, the inspector observed residents in their home as they went about their day, including the care and support interactions between staff and residents.

The inspector used conversations with staff, observations and a review of the documentation to form a judgment on the overall levels of compliance in relation to infection prevention and control. Overall, the inspector found that the provider had generally met the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services* (2018), however, some actions were required to bring the centre in to full compliance.

The centre comprised of a six-bedroom two-storey house. The house included a large kitchen and dining room area, a utility room (pantry room), a sitting room, a sensory room, a relaxation/TV room, a number of shared bathrooms, four individual resident bedrooms, a staff sleepover room and a staff office. A new kitchen had recently been installed which provided a bright area for residents to use and to enjoy their meals. In addition, new lino had been laid on the hall floor including new skirting boards. Overall, the inspector observed the layout and design of the house was in line with the residents' likes and wishes and had a warm and welcoming feel to it.

On arrival to the house, the inspector was met by a staff member who took the inspector's temperature and completed a symptom check as part of the visitor's procedure. A walk-around of the centre demonstrated that while the premises was generally clean and tidy, not all areas of the premises were conducive to a safe and hygienic environment. There were cleaning schedules and checklists in place in the centre that provided guidance of what areas of the house required daily cleaning, deep cleaning and what needed cleaning within the house. However, there were a number of areas in the house, including facilities and equipment, that required a deeper clean. In addition, the inspector observed that areas of the house, including fixtures and fittings required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents.

The inspector observed that residents were provided with a large garden area to the front of the house. In addition, there was Polly tunnel to the side of the house, used to grow herbs and vegetables. However, at the back of the house, the inspector observed a large yellow wheelie bin to be full to capacity with a number of waste bags lying on the ground beside it. Some of the bags had holes in them and were

ripped. These bags contained used PPE from a recent period where staff were supporting a resident with COVID-19. On relaying this observation to the person in charge, they organised for the waste to be stored in a more secure and appropriate environment until the external waste management company was due to collect the waste.

During the day, the inspector observed the residents going out and about, with their staff members, to different activities of their choice. For example, some residents were supported to attend appointments, some to visit their families and some to attend the local cinema to watch a movie of their choice.

Residents were supported to understand about infection prevention and control, and in particular the current health pandemic in a format that they understood. For example, residents were provided with social stories and visuals regarding ways to keep safe during COVID-19, such as avoiding touching their eyes, close contact, face masks, testing and vaccinations, but to mention a few.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in resident forum meetings with their staff. Matters were discussed and decisions made. For example, matters relating to keeping safe during the current health pandemic, staff wearing PPE and self-isolation plans. Other matters were also discussed such as planning community activities, meal menus, residents' rights, advocacy and residents' happiness in the centre.

Staff informed the inspector that they had completed training in infection prevention and control and were aware of who they could contact for any infection prevention and control related queries. Staff who spoke with the inspector were knowledgeable about what to do should there be an infectious outbreak in the centre. In addition, staff were aware of where to access policies, procedures and guidance relating to infection prevention and control and in particular, COVID-19. Overall, through conversations with staff, the inspector found that they were knowledgeable on practices and procedures to keep residents safe.

Throughout the inspection, staff were observed to be wearing appropriate personal protective equipment (PPE). There was ample availability of PPE within the centre, including gloves, masks and aprons.

The inspector observed hand-gel placed in appropriate locations throughout the house. All hand-sanitiser dispensers were found to be fully stocked. The inspector observed hand-washing signage in bathroom/toilet facilities. Most of the sinks in the house included a bottle of soap however, on the day of the inspection there was no soap allocated to the kitchen's hand-washing sink.

Staff were using colour-coded mops for each area within the designated centre to prevent the transmission of infection in the house. On speaking with the inspector, staff described the manner in which they carried out cleaning tasks. Colour-coded systems were in place to ensure mops, cloths and other items were segregated and used to only clean specific surface areas.

In summary, the inspector found that residents' well-being and welfare was

maintained to a good standard and that, overall, there was a person-centred culture within the designated centre. However, while the provider had enacted policies and procedures to support effective infection, prevention and control practices, some improvements were needed to ensure that they were being effectively implemented in practice, at all times.

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.

Capacity and capability

Overall, the inspector found that the governance arrangements in place in the designated centre supported the delivery of care and support in a manner that endeavoured to protect residents from the risk of acquiring a healthcare-associated infection, however, improvements were needed to some of the infection prevention and control systems and practices in place to ensure that they were being effectively implemented, at all times. This is addressed further in the quality and safety section of the report.

There were clear lines of authority and accountability in the service. The centre was run by a person in charge who was supported by a director of operations and two deputy managers. The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. One of the deputy managers and a staff member were designated as the centre's infection prevention control lead persons. The inspector was advised that there were plans in place for these staff members to complete additional infection prevention and control related training to better support them in their role.

The inspector found that the person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice. Staff spoken with were aware of the reporting structure and of who to contact if they required further infection prevention and control information or support.

There was an infection prevention and control policy in the centre. In addition, there was an infection prevention and control policy that related specifically to COVID-19. There were a number of associated relevant documents and policies in place to supplement the infection control policy. For example, policy and procedures on hand hygiene, policy and procedures on standard precautions, risk assessments and guidance on the effective use of PPE.

Where there had been an outbreak of COVID-19 in the designated centre earlier in the year, a review of the infection prevention and control practices and procedures during that period was carried out by the person in charge and their staff during one of their team meetings. The centre's COVID-19 outbreak plan was reviewed after

the outbreak. In addition, a review of the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak had taken place in October 2022. This was alongside several reviews of the HIQA Quality Improvement Plan, with the most recent review and completed on September 2022, by the person in charge

The provider had completed an annual report and six-monthly unannounced visits of the centre which reviewed the quality, support and care provided to the residents living in the centre. Both of these audits included action plans which identified clear time-bound plans.

There were effective systems in place for workforce planning that ensured there were suitable numbers of staff employed and available with the right skills and expertise to meet the centre's infection prevention and control needs. There was a well-established staff team in the centre. Where relief staff had been required, the person in charge had endeavoured to employ staff who were familiar to the residents and were knowledgeable of the residents' assessed needs. The roster was maintained appropriately and clearly demonstrated the times worked by staff and their roles. The person in charge advised the inspector that there were two staff vacancies arising in the centre shortly however, they were in the process of recruiting for these posts.

Staff had access to a range of training and development opportunities. All staff had undertaken various training courses relating to infection prevention and control. Staff received training in hand-hygiene, PPE, training on the Health Information and Quality Authority (HIQA)'s, *National Standards for Infection Prevention and Control in Community Services: Putting the Standards into Practice* and training in food hygiene. Training outcomes of some of the course included understanding COVID-19 including, how it spreads, implementation of standards and transmission based precautions, accessing PPE, carrying out swabs, accessing information and hand-hygiene.

Overall, the inspector found, that the staff spoken with, had good knowledge and awareness of how to keep residents safe during an outbreak of infectious disease. Staff also demonstrated good knowledge of standard and transmission-based precautions and overall, of the infection prevention and control measures in place in the centre.

The registered provider had a COVID-19 contingency plan, which included guidance on infection prevention and control measures, the management of suspected or confirmed cases of COVID-19 for residents and staff, and contingency plans in relation to staffing and other essential services.

Quality and safety

The inspector found that overall, the person in charge and staff were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs. There were some areas of good practice noted in the organisation's implementation of infection prevention and control procedures, however, improvements were needed to ensure that the centre's infection prevention and control measures, to keep residents safe from health-associated infections, were being effectively implemented, at all times.

The residents living in the centre had been informed about how to keep safe during the current health pandemic in accordance with their level of understanding. Infection prevention and control, and in particular, matters relating to COVID-19, were discussed on a regular basis with residents in a way that they could understand. There was an array of social stories and visuals available to residents to explain how to keep safe during the current health pandemic. In addition, residents were provided with regular key working sessions, and where appropriate, using visuals, where they were kept updated about COVID-19. For example, coughing and respiratory etiquette, checking temperature, wearing PPE, community access, getting a test, hand hygiene and self-isolating, but to mention a few.

Through conversations with staff and through observations, the inspector found that residents' privacy and dignity was respected and promoted at all times. Where appropriate, and in line with residents intimate care assessed needs, PPE and appropriate health-related waste systems were available within easy access to residents' bedrooms.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, spacious, comfortable and homely environment. This assisted the promotion of independence, recreation and leisure and enabled a good quality of life for residents. A walk-around of the centre demonstrated that, while the premises was generally clean and tidy, not all areas of the premises were conducive to a safe and hygienic environment. The inspector observed a number of areas of the house that required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents. A deeper clean was required to some other areas of the house where heavy layers of dust were observed, including cobwebs.

Some of the equipment and facilities provided to residents required cleaning. For example, a stand-alone fan in the sensory room was observed to have heavy layers of dust both on the inside and outside of the fan. Residents were provided with sensory equipment such as water bubble tubes however, there was no manufacturer's instructions in place to ensure that the tubes were appropriately maintained and cleaned at the frequency they required.

There was ample PPE including, hand gel available in the designated centre. There were large stocks of PPE in the designated centre. The centre had adequate hand-wash facilities in the house. There was a good supply of hand-sanitising gel and these were located at entry points and through-out the house. However, improvements were needed to ensure that all hand-washing facilities included hand soap. For example, the hand-washing sink in the kitchen was not supplied with

soap.

On review of the labels on the bottles of hand gel, the inspector observed that some bottles did not provide sufficient details to provide assurances that the gel was within the 'use-by' date. Overall, the inspector found that enhancements were needed to some of the checking systems in place to ensure that they were effective at all times. For example, there were regular PPE and first aid equipment stock checks completed in the centre, however, as the checks did not record the 'use-by' date of the stock, the person in charge and provider could not be assured, at all times, of the effectiveness of the products.

For the most part, there were appropriate waste management systems in place in the house. While many of the rooms in the house included pedal operated bins, some rooms did not. Where this was the case, the inspector observed the bins to contained waste items such as used tissues.

In addition, the storage and disposal systems for used PPE required review to ensure minimum risk of contamination. On arrival at the centre, the inspector observed that a large wheelie bin that contained waste bags of used PPE, (that had been worn by staff while supporting a resident with an infectious disease), was full to capacity. As a result a number of additional bags with the same contents were lying on the ground beside the bin. There were holes in some of the bags exposing the PPE. The storage of this waste was not in line with the organisation's infection prevention and control policy.

On the day of the inspection, the person in charge advised the inspector that arrangements had been made for an external company to pick up the waste on a specific date in October. By late morning, the person in charge had arranged for the maintenance personnel to remove the bags from the outside area and store them in a more appropriate area until they were collected by the external company.

There were adequate laundry facilities in the centre. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry in the event of soiled laundry and in the event of an infectious disease outbreak. However, on the day of the inspection, the inspector observed that the laundry room required a deep clean to high up areas in the room to remove cobwebs and dusty debris.

Staff who spoke with the inspector, were able to describe what colour-coded mops were used when cleaning the centre's floors. Staff were also able to describe the high-touch point cleaning regimen and its importance in reducing the risk of infection transmission. There was ample stock of cleaning products in place.

There was an outbreak management plan that included information on how to control an outbreak and limit the spread of infection, while continuing to provide care and support for residents living in the designated centre. There were staff contingency plans in place. There was information on recommended PPE for use in the event of a COVID-19 outbreak. The plan contained individual self-isolation plans for each resident however, on review of the plans the inspector found that the plans would be better enhanced if they were more person-centred in nature. For example,

the plans had not considered residents' likes or preferences, as per their personal plan, should they be required to self-isolate. Notwithstanding this, on speaking with staff, the inspector was informed of person-centred care and support provided to residents during recent periods of self-isolation.

The outbreak plan contained specific information about the roles and responsibilities of the various staff within the organisation and centre and also included escalation procedures and protocols to guide staff in the event of an outbreak in the centre. Guidance contained within the plan also included information on enhanced environmental cleaning and laundry measures. The outbreak plan was reviewed regularly and in particular, where there had been COVID-19 outbreaks in the centre.

The provider had policies and procedures in place for the contingencies in the event of a suspected or confirmed outbreak in the designated centre, which were developed through a risk management framework. These risks and control measures were reviewed and when updated, relayed back to the staff team.

Regulation 27: Protection against infection

The inspector found that the provider and person in charge had generally met the requirements of Regulation 27 and the National Standards for infection prevention and control in community service (2018) but some action was required to be fully compliant.

There were self-isolation plans in place for each resident however, on review of the plans the inspector found that they would be better enhanced if they were more person-centred in nature.

There were some upkeep and repair works needed to areas of the house to ensure that they could be effectively cleaned to mitigate the risk of spread of healthcare-associated infection.

For example; in some of the rooms in the house, including the hallway, bedrooms and bathrooms, there was peeling paint, chipped and exposed timber. The bottom of a fire-exit door was observed to be in a poor state of disrepair. A shelving unit in the utility/pantry room was observed as badly stained with chipped timber.

In addition, a number of fixtures and fittings required upkeep. For example, there was rust on a number of radiators, some sinks and showers require upkeep to their sealants and plugholes and there was repair work required to some chipped surfaces in baths, shower bases and tiles. A number of bathrooms required toilet roll holders to be fitted.

A deeper clean was required to some other areas of the house where heavy layers of dust, cobwebs or ingrained dirt was observed. For example, there was dust and cobwebs observed in the kitchen and laundry room. In addition, there was grime on plugholes and in-grained dirt behind a downstairs toilet and on cleaning equipment,

such as dustpans.

Some of the equipment and facilities provided to residents required cleaning, such as a fan, where heavy layers of dust was observed. A review of the maintenance and cleaning systems in place for some sensory equipment was needed. For example, two water bubble tubes.

Enhancements were needed to the PPE and first aid stock checking systems in place to ensure that they were effective at all times. For example, neither checking system included a record of the 'use by date' for the products.

While many of the rooms in the house included pedal operated bins, some rooms did not and were used to dispose of waste items such as used tissue paper.

The storage and disposal systems of used PPE required review to ensure minimum risk of contamination and that they were in line with the organisation's infection, prevention and control policy. For example, on the morning of the inspection, there was an overflow of waste bags containing used PPE lying on the ground outside the centre.

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 Tignish House OSV-0004262

Inspection ID: MON-0035804

Date of inspection: 05/10/2022

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) will implemented a deep cleaning schedule to take place in the Centre on a weekly basis. 2. The Person in Charge (PIC) shall conduct an environmental review of the Centre in regard to Infection, Prevention and Control and ensure that. <ol style="list-style-type: none"> a. Hand sanitizer units throughout the Centre are filled where required. b. High dusting is added to cleaning SOP's. c. There is a cleaning schedule in place for all equipment. d. All expiry dates for PPE equipment will be documented in PPE checks. e. Pedal bins will be placed in all Residents bedrooms and bathrooms. 3. The Person in Charge (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 complete a review of the cleaning schedule to include items identified in the inspection which were not included in the Centre cleaning SOP's. Also, an additional table will be added to the handover log to outline cleaning duties assigned to staff on shift which they complete and then management review and check same to ensure areas are cleaned accordingly as per the cleaning SOP's. Management sign same once checks are complete. This will ensure clear oversight. 5. The Person in Charge (PIC) will complete a review of the Center's waste management and disposal arrangements to ensure waste is stored appropriately and there is a schedule in place for collection. 	

6. The Person in Charge (PIC) will complete a review of all Service Users isolation plans to ensure their wishes and preferences are included in these plans.

7. All the above points will be discussed at the next Centre team meeting to be held by 30th November 2022.

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	30/11/2022