



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

## Issued by the Chief Inspector

Name of designated centre:	Chapel View
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	13 July 2022
Centre ID:	OSV-0006448
Fieldwork ID:	MON-0036527

## About the designated centre

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

Chapel View consists of a bungalow located in a rural area but within close driving distance to a number of towns. The designated centre provides a full-time residential service for up to three residents of both genders, over the age of 30 with an intellectual disability, acquired brain injury and mental health needs. Each resident has their own en suite bedroom and other facilities in the centre include a kitchen/dining room, a lounge, a sitting room, a sunroom and staff facilities. Staff support is provided by a nurse, social care workers and support workers.

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

Number of residents on the date of inspection:

2

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 13 July 2022	09:00hrs to 14:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to monitor the centre's infection prevention and control arrangements. The inspector found that residents enjoyed a good quality of life and they were actively supported to protect themselves from COVID 19 and they were kept up-to-date with national guidance by attending scheduled key worker sessions with assigned staff members.

The inspector met with both residents who were using this service on the day of inspection. As the inspector entered the grounds residents and staff members were observed to be sitting outside together, having tea and enjoying the sunshine. The inspector sat with both residents and staff for a period of time with both parties chatting freely with each other. The atmosphere was very homely and relaxed and one resident told the inspector that he was planning to go to mass that morning and then go to purchase a new radio. The other resident used some verbal communication to communicate and although the inspector could not understand their individual style, both staff members could and they included this resident in the conversation and referred to them throughout as they assisted them to plan their day.

The inspector spoke with both residents about COVID 19 and one resident stated that they listened to the radio about it and they continue to wear a face mask when they go to mass or go shopping for personal items. They also stated that they would always wash and sanitise their hands, especially when in the community and upon their return to their home.

Upon entering the centre, the inspector was advised as to location of hand sanitising stations, the inspector also noted various signs reminding staff and residents as the importance of cough etiquette and hand hygiene. Staff were also observed to wear face masks throughout the inspection. The centre was large, spacious and had a very homely feel. There were photographs of both residents enjoying themselves located throughout the centre, with one resident preferring to visit areas of interest such as historical sights and nature walkways. The other resident enjoyed going out for meals and visiting local restaurants and public houses for a drink. This resident also liked fancy dress and there were various photographs of them, and staff, dressed up as their favourite superhero, not for any particular event, but for the sole reason that the resident enjoyed it. This gave the centre a real sense of fun and that staff were willing to make an extra effort for this resident to enjoy their life.

It was clear that residents were actively involved in decisions about their care. Weekly sessions were held with the resident's key worker where items such as their goals, things which they would like to do, updates from the provider and information on rights or safeguarding were discussed. These sessions also took a measured approach in regards to information sharing as not to over burden the resident with too much information at any one time. Covid 19 and the importance and relevance of infection prevention and control (IPC) were regularly covered with residents

supported to understand why hand hygiene and face masks were important. The opportunity was also taken to review easy-read information with residents and also how they might be required to self isolate should they acquire COVID 19.

There were no restrictions on residents receiving visitors; however, visitors to the centre were required to carry out a COVID 19 questionnaire which assisted in promoting residents' safety. Staff reported, that generally residents did not receive visitors but kept in contact via the telephone or sometimes they would meet up for a coffee in the nearby down. The inspector noted that the centre had ample room for residents to receive visitors in private, with three reception areas available to them.

Overall, the inspector found that residents enjoyed a good quality of life and that their awareness of COVID 19 and the importance of IPC were actively promoted through day-to-day reminders from staff and also by attending weekly key worker sessions. Although, residents were actively involved in their care, the inspector noted that some areas of the centre required additional attention in terms of cleaning and additional measures were also needed in terms of the oversight of food safety. These two issues will be discussed in the subsequent sections of this report.

## Capacity and capability

The inspector found that the provider had responded in manner which promoted IPC and in doing so ensured that residents were actively protected from acquiring COVID 19.

The provider had appointed a staff member to oversee cleaning and IPC measures in this centre but the person in charge assumed overall responsibility for the management and implementation contingency planning in response to the risk of COVID 19. A senior manager and a team leader within the centre facilitated the inspection. Both people had a good understanding of the measures which were implemented to promote IPC, both from within the centre and also at a senior management, provider level.

The centre's team leader outlined the enhanced cleaning regime which was introduced and completed by staff on a daily basis. They outlined the measures in the centre such as a colour-coded cleaning system for floors and surfaces which reduced the likelihood of cross contamination and promoted a standardised approach to cleaning and to disinfection.

The senior manager who facilitated the inspection also had a good understanding of the provider's contingency planning which clearly explained how the staffing arrangements would be maintained should an outbreak occur. He also explained how the senior management team met on a scheduled basis to ensure that relevant information in regards to IPC was cascaded to all centres as required which assisted in promoting both residents' and staff members' safety.

The provider had also updated their IPC policy to reflect changes which had occurred in recent years and the senior manager had a good understanding of this policy and how it was implemented to promote residents' safety. Although, this policy was in depth, it did have some relevant omissions in regards to the centre's colour coded cleaning system, the management of soiled or contaminated linen and also the management of blood spillages, including bodily fluids and the management of needle stick injuries. This was brought to the attention of the senior manager and after a period of time, this manager showed the inspector additional guidance which was available to staff to guide their response to these issues. This guidance was then placed on display and although this material was available to staff, the centre's policy would benefit from its inclusion in this document.

Staff who met with the inspector had a good understanding of IPC measures and the team leader could clearly outline the isolation plan for each resident should it be required. There were a schedule of team meetings also in place whereby updated information in regards to IPC could be shared. Staff had also completed additional training in regards to hand hygiene, the use of personal protective equipment and IPC which again promoted the safety of residents. The provider had also completed all relevant audits and reviews as stated by the regulation and the centre's six monthly audit had focused particularly on IPC measures. Some areas for improvement were highlighted; however, one area which was raised in regards to food safety had not been addressed at the time of inspection.

Overall, the provider had responded in a positive manner to COVID 19 and a range of measures had been introduced to promote IPC in this centre, although some areas for improvement were identified on this inspection, overall residents were safe and enjoyed a good quality of life.

## Quality and safety

The inspector found that residents had a good quality of life and they were actively supported to access their local communities to engage in activities which they enjoyed. The centre was bright and homely and residents had ample space for privacy and also to relax. Although the centre was a pleasant place in which to live, improvements were required in regards to cleaning some areas of the centre, food safety and the storage of mops.

As mentioned earlier, residents were kept up-to-date with developments in regards to COVID 19 and regular key worker sessions ensured that that residents had a platform for formal information sharing in regards to IPC through the use of easy read information. The inspector also observed staff members reminding residents to regularly wash their hands and staff members were also observed to sanitise their hands frequently throughout the day. A review of personal planning also indicated that residents were supported to attend medical professions for regular health checkups and also in times of illness. Residents were also supported to attend for

the COVID 19 vaccination in line with their own individual preferences.

The centre had a contingency plan in place which outlined how both the provider and the centre would respond in the event of a COVID 19 outbreak. The senior manager who facilitated the inspection described how an outbreak management team were in place to support the centre and additional staffing resources were readily available, should they be required. Individual isolation plans were also in place for residents who may be required to self isolate and these outlined how resident's individual care needs would be met throughout this period.

As stated earlier, the centre was large and spacious and homely in nature. Maintenance was generally held to a good standard and there were many positive example of robust IPC measures including enhanced cleaning occurring, hand sanitising stations readily available, sufficient stocks of PPE and specific laundry facilities for soiled or contaminated linen. Each resident also had their own transport and there was no use of shared equipment in this centre which reduced the likelihood of cross contamination in these areas. However, there were some areas which did require further improvement. For example, some areas of the centre required further attention in terms of cleaning, including two bathrooms and the designated area for the donning and doffing of PPE, the inspector also noted that some mops had been stored after use without being laundered. Furthermore, food safety did require further attention in regards to the safe storage of chilled products and also in regards to the cleaning of fridge door seals. The issue in regards to food safety was brought to the attention of management and it was rectified prior to the conclusion of the inspection. However, a food safety issue was highlighted on the previous six monthly audit of this centre which indicated that this area required further interventions to ensure that it was maintained to a good standard at all times.

The inspector found that residents enjoyed a good quality of life and the staff who supported them were caring when interacting with them. The inspector also found that management and the staff had a positive approach to IPC and it was clear that the welfare and wellbeing of residents was to the forefront of care. Although, there were some areas for improvement, it was clear that the provider was committed to delivering a good quality service which promoted residents' inclusion in the running and operation of their home.

## Regulation 27: Protection against infection

IPC was generally well promoted in this centre and staff who met with the inspector could clearly outline the arrangements to keep residents safe in the event of a COVID 19 outbreak. The centre had also prepared for such an event with enhanced cleaning regimes in place and contingency planning to ensure that sufficient staff were in place to operate the centre. Residents were also actively engaged with in terms of IPC and scheduled key worker sessions ensured that they were kept up-to-

date with any changes or developments. This inspection did identify that improvements were required in regards to the cleaning of some bathrooms, and the designated donning and doffing area. The storage of mops required attention and the management of food safety also required review to ensure that it was maintained to a good standard at all times.

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 Chapel View OSV-0006448

Inspection ID: MON-0036527

Date of inspection: 13/07/2022

## 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"> <li>1. The Person in Charge (PIC) will ensure that the policy and procedure on food safety is read and understood by all team members and that daily checks are conducted by management in the centre to ensure this is followed consistently.</li> <li>2. The PIC will ensure staff implement and adhere to the Centre’s cleaning schedules and standard precautions for cleaning bathrooms, the donning and doffing area and that mops are laundered before being stored away.</li> <li>3. The PIC will discuss the above point with staff at the next monthly staff meeting held on 25.08.2022</li> </ol>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	25/08/2022