



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

## Issued by the Chief Inspector

Name of designated centre:	Dreamwood
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	10 May 2022
Centre ID:	OSV-0007290
Fieldwork ID:	MON-0035746

## About the designated centre

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

Dreamwood aims to provide 24-hour care to adults, both male and female, aged 18 years of age and older, with a wide range of support needs. These needs include those relating to intellectual disabilities and autism. Up to five residents can live in the centre at any one time. Each resident has their own bedroom. The centre consists of a two-storey house and a converted garage. There are two bedrooms with en-suite bathrooms, and two self-contained apartments, in the house. Communal areas include a large kitchen / dining room, living room, sun room and sensory room. Each apartment has a bedroom with an en-suite bathroom, sitting room and kitchenette. The converted garage contains a bedroom with an en-suite bathroom, a sitting room and a dining room / kitchenette. The centre is in a rural location. Vehicles are allocated to the centre to support access to the community. Individual supports are provided in accordance with pre-admission assessments and continuous multi-disciplinary review. Residents can access the services of a variety of multidisciplinary professionals including a psychiatrist, psychologist, occupational therapist, speech and language therapist and nurses. A dietician will be engaged if needed. Staff in the centre use a social model of care which endeavours to mirror a home environment while also providing support in all aspects of care to residents.

**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
Tuesday 10 May 2022	10:30hrs to 14:45hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

The purpose of this unannounced inspection was to monitor the designated centre's level of compliance with Regulation 27: Protection against infection and the Health Information and Quality Authority's (HIQA) *National Standards for infection prevention and control in community services*. This was the centre's first inspection which focused only on Regulation 27.

This inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff in line with national guidance for residential care facilities. This included the use of personal protective equipment (PPE), regular hand hygiene and social distancing.

The premises of the designated centre was a two-storey house which was subdivided into two independent apartment areas and two bedrooms which accessed communal areas in the main house. There was also a stand-alone apartment area where one resident lived. The premises was clean, warm and suitably decorated. The centre had a large garden with swings, a goal and a polytunnel for residents' use. The premises and the garden were well-maintained.

The designated centre provided a residential service to three young adults at the time of the inspection. One resident was undergoing a period of assessment as they were due to transition to residential services which would be provided by a different registered provider. This decision had been made as the resident had chosen to disengage with the supports provided by Nua Healthcare, and staff members working in the designated centre. Although the resident had recently decided to re-engage with preferred staff members, they declined to speak with the inspector, or to allow them to enter their self-contained apartment area for the purposes of the inspection. This choice was respected.

The inspector met with one of the three residents living in Dreamwood during this unannounced inspection. The inspector walked with the resident around the garden of their home. Staff spoken with told the inspector that the resident enjoyed a regular and strict routine each day. The resident engaged in minimal verbal interactions with the inspector, however they did show them around their apartment area. Although the resident did not verbally express their views on the service they received in their home, they were observed smiling and jumping as they engaged in their routine, indicating that they were content at the time they met with the inspector. A third resident was being supported off-site at the time the inspection took place, therefore the inspector did not have an opportunity to meet with them.

The next two sections of the report will discuss findings from the inspector's 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

The purpose of this inspection was to monitor the designated centre's level of compliance with Regulation 27 and HIQA's *National Standards for infection prevention and control in community services*. Overall, it was observed that the registered provider was providing a good standard of support to residents to ensure that they were protected from potential sources of infection.

The centre had a full-time person in charge, who carried out the role for this designated centre alone. The person in charge was supported in their role by three deputy team leaders. The deputy team leaders supported the person in charge in the oversight and management of the designated centre. At the time of this inspection, the person in charge was on leave. Therefore, the inspection was led by two deputy team leaders and a person who was providing management cover on an interim basis, while the person in charge was on planned leave.

The staff team comprised of social care workers and assistant support workers. All staff members had received training to support them in their role. This included training in the use of PPE, hand hygiene, infection prevention and control and the provision of intimate care to residents. Staff spoken with throughout the inspection were aware of the assessed needs of residents, and the measures in place with respect to infection prevention and control in the designated centre.

Staff meetings were held on a monthly basis, with staff supervisions occurring every second month. From a review of records of these meetings, it was evident that issues including the management of COVID-19 was discussed. An annual review and six monthly visits to the centre were also carried out, in line with statutory requirements to ensure effective oversight, monitoring and quality improvement.

A staffing contingency plan had been developed in the event that a large number of staff members were unable to work due to illness or requirements to self-isolate. This plan included details on the redeployment of suitably qualified staff from other areas in the organisation and a protocol for escalating staffing concerns to members of the management team. There was also an assessment which outlined the minimum staffing levels required in the centre, to ensure residents would continue to be provided with a safe service.

This designated centre had experienced an outbreak of COVID-19. There was evidence of engagement with Public Health to ensure this was effectively managed. It was also noted that dedicated staff members worked with a resident when they had a COVID-19 diagnosis. This ensured that minimal staff members had contact with the COVID-19 positive resident, until they had recovered.

## Quality and safety

Management and staff members working in the centre had ensure that residents received a safe service, and that they were protected from potential sources of infection. It was evident that the registered provider had ensured the centre's compliance with the *National Standards for infection prevention and control in community services* (HIQA 2018).

On arrival to the designated centre, there was a check in area where staff members could sign-in for duty, take their temperature and put on the relevant PPE. In the event of an outbreak, an alternative don/doffing area had been identified, and this was outlined in the designated centre's contingency plan.

Effective laundry arrangements were observed in the designated centre. Residents had access to a washing machine and tumble dryer to launder their clothing. Staff support was provided to residents to do their laundry as required. Colour coded systems were in place for cleaning equipment including cloths, mops, mop buckets and sweeping brushes to minimise cross-contamination of bacteria and potential infection. These were observed to be stored appropriately in a cool and dry area.

Residents were provided with information about infection control. This included the use of social stories that were developed to advise residents of the use of PPE in the centre. Each resident had a staff member assigned as their keyworker. These staff members met with residents monthly to discuss topics including COVID-19 and handwashing.

Staff members spoken with were aware of infection control measures in place in the centre including the management of waste, laundry and the zoning of residents. Throughout the inspection, staff members were observed taking their temperatures, wearing face masks and participating in hand hygiene.

At the time of the inspection, two residents' bedrooms were vacant. Each of these bedrooms had an en-suite bathroom. A risk assessment outlining the control measures in place to prevent legionella had been developed to include running water checks and regular flushing of toilets. These arrangements were also referenced in an organisational policy to protect residents from infection.

## Regulation 27: Protection against infection

The inspector found that effective practices were in place to ensure compliance with Regulation 27 and HIQA's *National Standards for infection prevention and control in community services*. This was observed in the following areas;

- The service had clear governance arrangements in place to ensure the

delivery of safe and effective infection prevention and control.

- The registered provider managed the workforce to meet the service's infection prevention and control needs. Staff were provided with suitable training to support them in their role, in line with emerging Public Health guidance.
- Residents were provided with appropriate information to prevent, control and manage healthcare-associated infections.
- Care was provided in a safe and clean environment.

Judgment: 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	Compliant