



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

Issued by the Chief Inspector

Name of designated centre:	Re Nua
Name of provider:	Health Service Executive
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	13 October 2022
Centre ID:	OSV-0002440
Fieldwork ID:	MON-0036453

About the designated centre

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

Renua is a designated centre operated by the Health Service Executive (HSE). The designated centre provides a residential service for up to seven adults with a disability. It can also facilitate the self-isolation of up to three adults with a disability in the event of suspected or confirmed cases of COVID-19 in individual apartments. The designated centre is situated in a rural town in County Tipperary with good access to the the local community. The main part of the centre is a modern building which comprises a reception area, dining room/kitchen, sitting room, quiet room, sensory room, laundry room, activity room, kitchenette, staff room, a number of shared bathrooms and six resident bedrooms. A row of self contained units presented as studio apartments are located adjacent to the main building. Two of these adjacent to each other but not interconnected provide a home for one resident and three others are identified for use as isolation units. They all consist of one large open plan area with a separate bathroom. The centre is staffed by the person in charge, staff nurses, social care workers, health care assistants and multi-task workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 13 October 2022	09:30hrs to 16:15hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to assess the arrangements the registered provider had in place in relation to infection prevention and control in this designated centre. Overall the inspector of social services found that provider had good arrangements in place in relation to infection prevention and control; however, some actions were required to ensure that they were fully implementing the National Standards for infection prevention and control in community services (Health Information and Quality Authority (HIQA), 2018), and fully compliant with Regulation 27, Protection against infection. These areas related to the provider's audits, cleaning in some parts of the centre and areas of the premises where maintenance or repairs were required. These areas will be detailed later in the report.

The inspector used observations, spoke with staff and reviewed documentation to determine residents' experience of care and support in the centre, particularly relating to infection prevention and control measures. On arrival to the centre the inspector was greeted by a staff member who was wearing the correct level of personal protective equipment (PPE) in line with the latest guidance. They directed the inspector to a hall table which contained a visitors book, PPE and hand sanitiser was also available. Over the course of the inspection the inspector got to meet three residents. One resident was supported to attend their day service for a couple of hours and the other resident was out in the community supported by a member of staff.

Two residents were relaxing in the dining room waiting for a snack and listening to the radio when the inspector met them. They appeared comfortable and content in each others company and to be very comfortable in the presence of staff and with the levels of support offered to them. The other resident who also lived in the main building was observed to move freely through their home and stopped at the office door to observe where the inspector was working during the course of the inspection. Earlier they had accompanied the resident going to their day service in the centre vehicle as they enjoyed this drive. The resident who lived in their own self contained part of the centre was busy with their personal care routines and engaging in their preferred activities in their home, so the inspector did not get an opportunity to meet them. However, the inspector observed them going out into the community with a staff member in their own vehicle and they were seen to be comfortable in their company.

Throughout the inspection the inspector heard and observed kind and caring interactions between residents and staff. In addition, residents' privacy and dignity was maintained. For example, their personal plans were kept securely and only shared as required with the relevant people. Staff were observed to knock on doors and call to residents prior to entering rooms, and to support them to keep doors closed or if requested locked when unoccupied to maintain their privacy and dignity

during the inspection.

Over the course of the inspection the inspector had an opportunity to meet and speak with four staff members. They were each observed to use standard precautions throughout the inspection. For example, they were observed to wash their hands between tasks and to engage in appropriate practices during the preparation of drinks and snacks. Staff had completed a number of infection prevention and control related trainings and were found to be knowledgeable on how to keep residents and themselves safe from infection.

Residents in this centre usually had access to two vehicles to support them to access their favourite activities and their local community. One was however, currently on loan to another centre. There were systems in place to ensure the vehicle available was cleaned after each use. There was an infection control touch point cleaning schedule in place for the vehicle which was stored in the vehicle. From a sample of schedules reviewed, they were being consistently completed by staff. A cleaning and disinfecting pack was also in place in the vehicle.

There were systems to ensure residents were for the most part aware of the infection prevention and control measures that may be used in the centre. For the residents in the main building, meetings were occurring regularly, however, it was unclear from the minutes if these discussions included infection prevention and control or COVID-19. Staff reported that these conversations were had on a one to one basis but they did not formally record these. For the resident who lived in the self contained apartment however, these areas were documented as being discussed in one to one conversations. There were posters on display in relation to standard precautions, hand washing, and cough and sneezing etiquette. Notices displayed with out of date information were removed on the day of inspection. There was easy-to-read information available for residents including their care and communication plans, COVID-19, and standard precautions. There was a visitors policy and risk assessments in place for when residents were visited by, or visiting their family and friends.

The main building of the premises was found to be very clean throughout and while storage was a challenge given the number of rooms assigned for storage within the building, the staff team and person in charge were actively working to organise and clean assigned areas used for storage of PPE and clinical equipment. The staff team had systems in place to ensure that cleaning was completed in line with the provider's policies and procedures, while ensuring that it did not impact on their availability to support residents. For example, cleaning was scheduled at times that did not impact on residents' routines, particularly relating to times they wished to engage in their preferred activities both at home, and in their local community. The inspector observed staff completing regular touch point cleaning during the inspection and cleaning records were maintained to ensure that each area of the house was cleaned regularly. However, due to some rusted and broken surfaces and the storage of postural equipment it was not possible to effectively clean some areas, and these will be discussed later in the report. In the adjacent apartments lived in by one resident, improvements were required in the maintenance of and storage of cleaning equipment and the cleaning of some areas. Finally the cleaning

in apartments identified for self-isolation also required review as this was not being completed in line with the providers' policies and systems.

Residents and their representatives' input was sought by the provider. Feedback in family surveys was positive with the questionnaire for 2021 received in January 2022 containing no negative feedback.

The next sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include an overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall the inspector found that the registered provider was for the most part implementing systems and controls to protect residents and staff from the risks associated with infections. There were systems for the oversight of infection prevention and control practices in the centre, and staff showed an awareness of the importance of standard precautions. However, improvements were required in relation to the completion of provider's audits, and the maintenance and upkeep of some areas of the centre.

The staff on duty facilitated the main part of the inspection as the person in charge was attending a planned meeting. The inspector had the opportunity to meet with the person in charge in the latter part of the inspection. Staff who spoke with the inspector were aware of their roles and responsibilities in relation to infection prevention and control and motivated to ensure residents and staff were kept safe from infection. Members of staff had taken responsibility for the development of centre specific schedules and developed systems for the management of laundry and other tasks such as running water in unused parts of the buildings. There was an identified member of staff who took the role of infection prevention and control lead. Staff had completed a number of infection prevention and control related training programmes. Some staff were due to complete refresher training in areas such as hand hygiene however, these had been identified by the person in charge and there was a system in place to schedule training as required. While formal staff supervision was not being completed in line with the providers' policy there was a schedule in place and informal on the job mentoring was occurring. Staff told the inspector who they would escalate any infection prevention and control related concerns to.

A risk based approach had been adopted to the management of infection prevention and control and staff had access to up-to-date information and national guidance

documents. The risk register in the centre identified infection prevention and control risks, and control measures to mitigate these risks.

There was an infection prevention and control folder in place which contained a number of guidance documents for staff. There was also an area specific contingency plan and outbreak management plan in place which included staff deputising arrangements, and emergency contact details. The provider had identified three single occupancy units for the purposes of isolation for residents living in other of the providers centres in the event of a suspected or confirmed case of COVID-19 and these apartments were part of the registration of this centre. These units had been used once only since the previous inspection of the centre in November of 2021. There were systems in place designed to ensure that these were ready for use at short notice and for a terminal clean when they were vacated. The inspector found however that these systems were not being consistently followed.

The provider's infection prevention control policy was available for review at the time of the inspection and it contained a number of appendices that were updated on an ongoing basis to reflect current guidance in areas such as the wearing of PPE and management of sharps.

The providers' annual review for 2020 was available and included sections on infection prevention and control and the impact of the COVID-19 pandemic for residents. An annual review for 2021 had not been completed as yet. In addition the provider had not completed six monthly unannounced reviews of the safety and quality of care and support as required by the Regulation with the last one completed in May 2021. The staff spoke about completing daily handover and using a communication book, with staff meetings also occurring in the centre. An infection prevention and control audit had been completed in the centre in December 2021 and was found to pick up on some of the areas for improvement as identified during this inspection. However, in line with the findings of the provider's last six monthly review, some actions relating to premises had not been completed.

The provider was planning and organising the staff team to meet the service's infection prevention and control needs. There was a stable staff team who were completing additional hours in addition to the use of consistent agency and relief staff to cover both planned and unplanned leave. There were out-of-hours and deputising arrangements in place to support residents and staff.

Quality and safety

Overall the inspector found that residents were for the most part being kept up-to-date in relation to infection prevention and control measures in the centre. However, the inspector found that improvements were required in relation the maintenance

and upkeep of some areas of the premises.

Residents were being provided with accessible information about infection prevention and control in the centre and had access to information and to advocacy services to support them to be involved in decisions. While it was unclear whether residents' meetings included discussions around the risk of infection, the steps to take to keep safe, and the importance of things like hand hygiene and keeping the house clean this information was available in the centre. There was a risk register in place that was found to be centre specific and the risk ratings relating to infection prevention and control related risks were found to reflect the effectiveness of the control measures in place in the centre.

There were systems in place to ensure residents could access health and social care professionals in a timely manner, with emergency numbers available in the centre's contingency plan. The inspector met with an occupational therapist who was present on the day of inspection to review assessments in place for residents. Residents had care plans in place in relation to infection prevention and control related risks. These plans were found to be specific to the residents, to guide staff practice in this centre, and were reflective of the most up-to-date public health advice. Care plans all had an associated risk assessment in place. Staff who spoke with the inspector clearly described how they would support residents; and the plans in place clearly guided staff practice to support all residents.

Staff were observed to adhere to standard precautions during the inspection. They had also completed a number of infection prevention and control related trainings. For example, they had completed an introduction to infection prevention and control training, and trainings on the use of PPE, hand hygiene, food safety, and breaking the chain of infection. While refresher training in some of these areas was required for a small number of staff this had been identified and actions were in place to schedule these.

Throughout the pandemic there was a system to check and record residents, staff and visitor's temperatures and to check if they have any signs or symptoms of infection. The frequency and recording of temperature and symptom checks had changed in line with national guidance just prior to the inspection. There were also outbreak preparedness and management plans in place.

The main building within the centre was a large single storey building with multiple rooms that were not specific to resident use and identified for storage or had an unclear purpose. The size of the building presented a challenge in maintaining cleaning standards to the staff team and the person in charge. The inspector found that the main building of the centre was clean and for the most part, well maintained. However, there were a number of areas, particularly in bathrooms where radiators or shower fittings were rusted, some tiling required and rooms where replacement of flooring was required. These areas had been identified by the provider and were recorded on the maintenance logs for completion. There were policies, procedures and guidelines in place for cleaning. The staff on duty outlined the cleaning procedures to the inspector and there was evidence that cleaning

equipment was cleaned and laundered regularly.

In the adjacent self contained studio apartments, one resident lived between two apartments one as a living area and one as a sleeping area. Here while the apartments were for the most part clean, one bathroom contained clothing and items thrown over a clinical waste bin and the cleaning schedules had not been recorded as completed for a number of weeks. Cleaning equipment for here was stored outside and was not cleaned, separated and maintained as in the other areas of the centre. As the apartments were not interconnected the resident had to go outside to re-enter each space over the course of the day.

In the three apartments identified for use as isolation premises the cleaning schedules had not been recorded completed for five weeks and they were in places visibly unclean with one containing an old mattress against a wall that was waiting for collection. It was not apparent in the individual apartments whether water was being run or systems flushed to prevent water borne disease. The presence of items for disposal and the visibly dirty flooring did not demonstrate that terminal cleaning had been completed as required.

There were adequate arrangements for laundry and waste management. There was a dedicated area for waste and a clinical waste bin available. There was some specialised equipment in use in the centre at the time of the inspection and there were guidance documents and procedures in place, to ensure these were cleaned and decontaminated as required.

Regulation 27: Protection against infection

Based on discussions with staff, and what the inspector observed and read, the provider was generally meeting the requirements of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but some actions were required in order for them to be fully compliant.

While the inspector identified a number of areas of good practice in the centre, some areas for improvement were required to ensure that residents and staff were fully protected from exposure to infection. These included the following:

- Completion of provider annual and six monthly unannounced audits to review the safety and quality of care and support provided including infection prevention and control.
- Maintaining the isolation units to the standards required as outlined in the providers guidance was not being achieved. It could not therefore be relied on that they were available for use at short notice.
- The running of water in unoccupied and infrequently used units to protect against water borne disease was not recorded as completed.
- It was not apparent that the storage of cleaning equipment and the cleaning

in the individual resident's apartments was to the same standard as that of their peers in the main building.

- There were areas in the centre where maintenance and repairs were required. For example, rust on radiators and shower pipe work and damage to flooring and tiling in some rooms. While these works had been identified by the provider as being required and were scheduled they remained outstanding on the day of inspection.

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 Re Nua OSV-0002440

Inspection ID: MON-0036453

Date of inspection: 13/10/2022

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> <p>Residents are provided with updates on infection control and COVID-19 on a weekly basis, or sooner if required. These are now being documented on existing resident forum documentation. Review of weekly meeting template to ensure regular recording of same.</p> <p>Decluttering and organization of store rooms ongoing – envisioned to be completed in full by 31st March 2023.</p> <p>Areas for improvement in Re Nua such as rust and broken surfaces have been identified for repair/replacement with technical services. Smaller works have been completed. Larger works have been reviewed by estates and a plan to be devised. It is envisioned this will be completed in full by 30th June 2023.</p> <p>Full review and refurbishment plan has been devised for the adjacent apartments – awaiting funding approval and commencement date – it is envisioned that this will be completed by 30th September 2023. In the interim, correct storage of cleaning equipment has been addressed.</p> <p>The PIC intends on carrying out weekly inspection checks of cleaning logs in adjacent apartments to ensure consistency and compliance with systems in place – cleaning & legionella flushing.</p> <p>Formal staff supervision has commenced and a plan in place to provide supervision to all staff by February 2023.</p> <p>Annual review completed in June 2022.</p> <p>Six monthly unannounced review will be completed by 31st December 2022.</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	30/09/2023