



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

## Issued by the Chief Inspector

Name of designated centre:	Broadleaf Manor
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	01 February 2022
Centre ID:	OSV-0003397
Fieldwork ID:	MON-0035722

## About the designated centre

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

Broadleaf Manor is a large detached residence located in a rural setting close to a small village in Co. Kildare. The property is subdivided into six separate living areas, with a number of self-contained apartments. The property is homely, well maintained, spacious and clean. The centre provides care and support to both male and female adults, with an intellectual disability. The provider has supplied a number of vehicles in order to transport residents to their day services and to access local amenities. Residents are supported by the staff team 24 hours a day seven days a week in line with their assessed needs. The staff team comprises of a person in charge, team leaders, deputy team leaders, social care workers and assistant social care workers. Residents have access to a range of allied health professionals in line with their assessed needs.

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

Number of residents on the date of inspection:	7
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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
Tuesday 1 February 2022	10:00hrs to 14:35hrs	Marie Byrne	Lead
Tuesday 1 February 2022	10:00hrs to 14:35hrs	Thomas Hogan	Support

## What residents told us and what inspectors observed

This inspection was unannounced and completed to assess the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services (HIQA, 2018). As the inspection was completed during the COVID-19 pandemic, the inspectors of social services adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice.

During the inspection the inspectors had an opportunity to briefly meet four of the seven residents living in the designated centre. Inspectors also spoke to staff, reviewed documentation and observed the physical environment to determine residents' experience of care and support in the centre, particularly in relation to their experiences of infection prevention and control measures in the centre.

The person in charge was on leave on the day of the inspection and the inspectors had an opportunity to meet and engage with the team leader, two deputy team leaders, three staff members and the director of operations for this designated centre.

On arrival to the centre, the inspectors were directed by staff to use a shed at the back of the house where there were facilities for residents, staff and visitors for handwashing, sanitisation and donning and doffing personal protective equipment. There was also a system in place to check and record residents, staff and visitors temperatures and to check if they have any signs or symptoms of infection. There was also a system in place for staff to declare, prior to coming on shift that they do not have any signs or symptoms of COVID-19. There were posters on display in the centre such as, how to effectively complete hand hygiene, how to wear face masks safely, and how to maintain social distancing. There were also folders available for residents and staff with the latest guidance, procedures and relevant posters and leaflets in relation to infection prevention and control.

Overall inspectors found that residents appeared comfortable and content living in the centre. They had opportunities to engage in activities of their choice in their home, or in their local community. There were a number of vehicles available to support them to access activities in the community. Throughout the COVID-19 pandemic residents were supported to go for walks and drives, and once restrictions were lifted to engage in other activities in line with their interests.

There were systems in place to ensure residents and staff were aware of infection prevention and control measures that may be used in the centre, and the rationale for their use. For example, residents' and keyworker meetings were occurring regularly. From reviewing a sample of these keyworker meetings, discussions were held in relation to infection prevention and control, COVID-19 and how residents could keep themselves safe against the risk of infection. Residents also had an

opportunity to meet with the infection prevention and control champion in the centre to discuss standard precautions. For the most part the inspectors found that premises were visibly clean and well ventilated. There were cleaning schedules in place and a cleaner was working in the centre on a regular basis. Night staff also had additional duties in relation to cleaning and sanitising. Staff were observed every four hours during the inspection to completed touch point cleaning and to check resident, staff and visitors temperatures. However, some areas were not found to be clean and areas of the centre required maintenance and repairs to ensure that effective cleaning and disinfection could be completed.

Each resident had their own bedroom and ensuite facilities. Overall residents' bedrooms and bathrooms were found to be clean. However, some bathrooms required cleaning and in some the surfaces were damaged which was affecting the ability to clean and disinfect them. For the most part these areas had been reported and were on a list for completion, and the remaining areas were reported before the end of the inspection.

There were systems in place for laundry and waste management. However, there was inconsistency in relation to the type of refuse bins and bags used in the centre and not all bins had lids, or were pedal operated.

The next two 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 and overall judgment on compliance under Regulation 27, Protection against infection.

## Capacity and capability

Overall inspectors found that the registered provider was implementing systems and controls to protect residents from the risks associated with infections. However, improvements were required in relation to the cleanliness of some areas, the systems for cleaning some cleaning equipment, the management of clinical waste and the maintenance and upkeep of areas of the centre. In addition, the provider needed to review their infection prevention and control policy and procedures to ensure they were guiding staff, particularly in relation to waste management.

There were clear governance arrangements in place to ensure the delivery of a safe care and support for residents. Staff who spoke with the inspectors were aware of their roles and responsibilities and motivated to ensure residents were supported to understand how to keep themselves safe from infection. 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 in the centre. The staff team had completed training in relation to the use of PPE, a number of Infection Prevention and Control trainings and food hygiene training. Staff who

spoke with the inspectors were aware of their roles and responsibilities in relation to infection prevention and control. They were also aware of the control measures identified in local and the provider's risk assessments relating to COVID-19.

The provider was planning and organising their workforce to meet the service's infection prevention and control needs. For example, they completed assessments to identify the minimum safe levels of staff, in order to reduce the footfall in the centre at times when levels of infection were high in the local community. The skill mix of staff was appropriate to meet residents needs including their infection prevention and control needs.

Regular audits were being completed, including specific infection prevention and control related ones. Contingency plans were in place and there was an outbreak management plan for COVID-19. However, these plans were not clear in relation to what happens if there was a large outbreak amongst the staff team. In addition, there had been a recent outbreak of COVID-19 in the centre affecting a number of staff and a small number of residents. Following the outbreak the provider had not completed an outbreak report to review what worked well, or to identify any areas of improvement or learning that could be shared with the team. Inspectors found that overall the infection prevention and control efforts in the centre had a primary focus on COVID-19 and that there needed to be consideration given to other infection prevention and control risks that may present.

Staff identified they would escalate any infection prevention and control related concerns to the provider's clinical team; however, it was unclear who was providing specific infection prevention and control expertise and guidance. However, it was clear that there was an infection prevention and control champion identified in the centre. The infection prevention and control champion had completed a number of online infection prevention and control training programmes and had a number of hours per month where they were additional to the staffing quota to complete their additional duties in relation to infection prevention and control.

## Quality and safety

Overall inspectors found that residents were in receipt of person-centred care and supports in the centre. They were being kept up-to-date in relation to infection prevention and control measures, and how to keep themselves and others safe through the implementation of standard precautions. However, the inspectors found that the systems in place for infection prevention and control, were not being fully implemented at the time of the inspection. Improvements were required in relation to cleaning of equipment and the environment, waste management and the guidance in place to guide staff practice, contingency planning, and the maintenance and upkeep of the premises.

As previously mentioned infection prevention and control was discussed regularly with residents. There was information available for them in an easy-to-read format.

Discussions were held at resident and keyworker meetings in relation to infection prevention and control measures needed to protect residents and others from infection risks. Residents were kept up-to-date when there was an outbreak of COVID-19 in the centre and on how this would impact on their day-to-day lives. There were systems in place to ensure they could access the support of allied health professionals in a timely manner.

Staff were observed to adhere to standard precautions during the inspection and they had completed a number of infection prevention and control related trainings. There were systems in place to ensure that staff shared residents' colonisation or infection status on admission, transfer or discharge.

For the most part inspectors found that care was provided for resident in a clean and safe environment that minimises the risk of transmitting healthcare-associated infection. However, areas of the centre were not found to be clean during the inspection and there were some areas where maintenance was required and this was affecting the ability to clean and disinfect surfaces. In addition, some pieces of furniture were damaged affecting the ability to clean them, and some items were being stored on a residents' bedroom floor. The inspectors acknowledge that some of these has been reported prior to the inspection and that the remaining ones were reported before the end of the inspection and that a member of the maintenance team was on site during the inspection.

There were policies, procedures and guidelines in place for cleaning. However, inspectors found that there was no system to demonstrate how and when cleaning equipment was cleaned and laundered, and some of this equipment was not found to be clean during the inspection.

There were adequate arrangements for laundry. While there were systems in place for waste management, these were not being managed in line with the organisation's policies and procedures. There were inconsistencies in relation to the use of bins and bags, and some bins were not found to have lids, or to be pedal operated. Clinical waste was not found to be stored securely, or labelled appropriately. The provider's infection prevention and control policy was not found to contain sufficient detail in relation to the use of clinical waste.

There were systems for residents, staff and visitors to have their temperatures checked and to monitor for signs and symptoms of infection. There were outbreak preparedness and management plans in place. However, an outbreak report had not been completed after a recent outbreak of COVID-19 in the centre which affected both residents and staff, to demonstrate what worked well, or if there were any lessons learned.

## Regulation 27: Protection against infection

Based on discussions with staff, and what inspectors 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 the provider to be fully compliant.

While inspectors identified a number of areas of good practice in the centre, some of which are outlined in previous sections of this report, some areas for improvement were identified and were required to ensure that residents and staff were fully protected from exposure to infection. These included the following:

- It was unclear who was providing specific IPC expertise and guidance for the centre.
- The provider's contingency plan was not clear in relation to what to do if there was a large outbreak of COVID-19 affecting the staff team.
- Full clinical waste bags were not stored securely, or labelled.
- A sharps box was not labelled, the lid was open and it was not properly secured to the bottom of the box.
- Inspectors found that some personal protective equipment was not stored appropriately in the sheds at the back of the house, with the potential of exposure to infection when people were washing their hands, or doffing PPE.
- There were inconsistencies in relation to the type of refuse bins and some bins did not contain a lid and were not pedal operated.
- The provider's infection prevention and control policy did not contain sufficient guidance for staff in relation to the use of clinical waste.
- Some areas of the centre were not found to be clean during the inspection. For example, ovens, microwaves, sinks, ceiling fans, and walls and floor surfaces.
- There was no system in place to demonstrate the regular cleaning of cleaning equipment such as vacuum cleaners, mop heads, mop handles, brushes and buckets. In the afternoon, inspectors found a used mop in a bucket. The mop handle and bucket had not been cleaned and the mop head had not been removed and sent to be laundered.
- A number of pieces of furniture were damaged resulting in an inability to adequately clean and disinfect them.
- There were a large number of items stored on the floor in one residents' bedroom.
- There were areas in the centre where maintenance and repairs were required. For example there was damage to surfaces which was affecting the ability to clean and disinfect them. For example, there were damaged surfaces in a laundry room, sealant was missing behind a number of sinks and toilets, there was damage to floor coverings, there was holes in floor and wall coverings in bathrooms following the removal of equipment, and there was damage behind a sink.

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 Broadleaf Manor OSV-0003397

Inspection ID: MON-0035722

Date of inspection: 01/02/2022

## 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) shall conduct a review of the Centre’s Outbreak Management Plans and contingency plans to ensure appropriate measures are in place if a large outbreak affects the staff team.</li> <li>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"> <li>a. Clinical waste bags are stored securely or labelled</li> <li>b. Appropriate and safe storage of Personal Protective Equipment (PPE)</li> <li>c. Appropriate pedal bins are in place in communal areas</li> <li>d. All furniture is fit for purpose in regard to Infection, Prevention and Control precautions.</li> <li>e. The sharps box in the medication press is appropriately stored and labelled</li> <li>f. There is appropriate storage for Service Users belongings.</li> <li>g. Any identified maintenance tasks are repaired</li> <li>h. All communal areas and walls and surfaces are clean and free from repair.</li> </ol> </li> <li>3. The Person in Charge (PIC) shall ensure that the policy and procedure on infection, prevention and control is reviewed to ensure that there is sufficient guidance for staff in relation to the use and management of clinical waste.</li> <li>4. The Person in Charge (PIC) will ensure that a system is in place with the staff team to demonstrate the regular cleaning of cleaning equipment in line with the Centre’s infection, prevention and control practices and standard precautions.</li> <li>5. The Person in Charge (PIC) will discuss the above points at the next monthly staff team meeting in conjunction with Nua’s Covid-19 Risk Assessments and Standard</li> </ol>	

Operating Procedures to ensure that the staff team are clear on the specific guidance and expertise on infection, prevention, and controls practices.

## 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	31/03/2022