



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

Issued by the Chief Inspector

Name of designated centre:	Nenagh Residential Service
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 October 2022
Centre ID:	OSV-0003420
Fieldwork ID:	MON-0036881

About the designated centre

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

Nenagh Residential Service is a designated centre operated by The Rehab Group. It provides a community residential service for up to four adults with a disability. The designated centre is located on the outskirts of an urban area in County Tipperary with access to local facilities and amenities. The designated centre is a two-storey house which comprised of a kitchen/dining room, sitting room, utility room, office, four individual bedrooms, two of which were en-suite, and a number of shared bathrooms. The designated centre is staffed by a team leader and care workers. The staff team are supported by a person in charge.

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
Tuesday 25 October 2022	09:30hrs to 14:00hrs	Conan O'Hara	Lead
Tuesday 25 October 2022	09:30hrs to 14:00hrs	Miranda Tully	Support

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

This inspection was completed by two inspectors and took place when precautions relating to the COVID-19 pandemic were still required. As such, the inspectors followed all public health guidance and Health Information and Quality Authority's (HIQA) guidance on COVID-19 inspection methodology at all times. The inspectors ensured physical distancing measures and the use of appropriate personal protective equipment (PPE) during all interactions with the staff team and management over the course of this inspection.

The designated centre was home to four residents on the day of the inspection. However, the inspectors did not have the opportunity to meet with the residents as they were attending their day service over the course of the inspection. The inspectors used observations, conversations 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 inspectors were greeted by a staff member who was wearing the correct level of PPE in line with the latest guidance. The unannounced inspection was facilitated by the team leader as the person in charge was on annual leave. The inspectors carried out a walk-through of the designated centre accompanied by the team leader. As noted, the centre is a two-storey house which comprised of a kitchen/dining room, sitting room, utility room, office, four individual bedrooms, two of which were en-suite, and a number of shared bathrooms. Overall, the premises was decorated in a homely manner with the residents' personal possessions and pictures located throughout the centre. The premises was observed to be visibly clean and well-maintained on the day of the unannounced inspection. However, some areas of the premises required review.

The inspectors observed measures in place to promote a clean environment that minimised the risk of transmitting a healthcare-associated infection. These included the use of appropriate color coded cleaning equipment, appropriate use of PPE, pedal-operated bins and cleaning schedules in place. At the time of the inspection, there were no restrictions on visitors to the centre which was in line with current guidance.

There were systems to ensure residents' rights and dignity were respected. For example, residents were aware of the infection prevention and control measures that may be used in the centre. Also the residents took part in regular resident meetings. From a review of the minutes of these meetings, infection prevention and

control was discussed where appropriate. In addition, social stories were in place to support residents with infection prevention and control where required.

Overall, the inspectors found that the provider had effective arrangements in place in relation to infection prevention and control. However, some improvements were required in some infection control practices and in the upkeep of areas of the premises.

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 an overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall, the inspectors found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare-associated infection in the centre.

There were clear and effective management systems in place to ensure oversight of infection prevention and control measures in the centre. The centre was managed by a full-time person in charge. An on-call management system was in place for staff to contact outside of regular working hours. The centre was also supported by a senior management team who were available to support if any infection control or COVID-19 concerns arose.

There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six monthly audits. In addition, weekly and monthly checks were in place which included infection control. These audits identified areas for improvement and developed actions plans in response. For example, a six monthly audit completed in August 2022 identified areas for improvement including rust on a radiator, effective cleaning of one mirror and the arrangements in place for storing cleaning equipment. There was evidence that the provider had replaced the mirror and plans were in place to address the remaining areas for improvement.

The provider had established systems to support the provision of information, escalation of concerns and responses to matters related to infection prevention and control. The staff team practices were guided by the provider's policies and procedures. For example, the provider had an up to date infection control policy in place and a number of infection control procedures to guide the staff team. In relation to COVID-19, the provider had developed a centre-specific COVID-19 contingency plan for staffing and isolation of residents in the event of a suspected or

confirmed case of COVID-19. The inspectors reviewed a sample of recent staff meeting minutes and found that the arrangements in place for infection control and COVID-19 was regularly discussed.

There was an experienced and consistent staff team in place in this centre. There were no staffing vacancies in the centre on the day of inspection. From a review of rosters, staffing levels were maintained to meet the needs of the residents and the centre infection prevention and control needs. In addition, formal staff supervision occurred regularly and a review of a sample of the records demonstrated that infection prevention and control was discussed as appropriate.

There was a programme of training and refresher training in place for all staff. The inspectors reviewed a sample of the centre's staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, infection prevention and control and PPE.

Quality and safety

It was evident that the management team and staff were endeavouring to provide a safe, high quality service to residents. However, the inspectors found that some improvements were required to ensure appropriate practices were in place for laundry management, effective cleaning of personal assistive equipment and the storage of cleaning equipment. In addition, some areas of the premises required review.

The premises was a large two storey detached building located in a housing estate. As noted, the inspectors completed a walk-around of the centre at the beginning of the inspection and found that the centre was visibly clean and decorated in a homely manner. The centre was observed to be well ventilated on the day of inspection. However, there were some areas for review. For example, the inspectors observed one radiator in the centre was noted as rusting, areas of flooring in the kitchen were worn from use, wear and tear on one couch and stains on one wall in the kitchen. In addition, hand gels were noted to not be readily available in the centre close to all points of care. This was highlighted to the team leader on the day of the inspection.

There were appropriate infection control practices in place. For example, cleaning schedules were in place and these were implemented by the staff team daily. Cleaning schedules outlined areas of the centre to be cleaned including the residents' bedrooms, bathrooms, the kitchen, dining areas and living areas. However, on review of the cleaning schedules some improvement was required to ensure the staff team were adequately guided in the effective cleaning of personal assistive equipment. For example, water spots were observed on one resident's nebuliser mask. While records demonstrated that this mask was used infrequently, the cleaning practices of individual equipment required review to ensure they were

effective.

There were appropriate arrangements in place for the disposal of waste. In general, there were appropriate arrangements in place for the management of laundry. However, some improvement was required in one practice of laundry management. The centre had a utility room where residents' laundry was cleaned. The inspectors observed that there was no hand hygiene facilities or PPE bin located in the utility room in the event of managing soiled laundry. This practice posed an infection control risk and required review.

The storage of cleaning equipment also required review. There was a colour-coded mop system in place. However, the inspectors found that mops were stored damp and some buckets had residue at the bottom. This practice posed a risk of cross contamination. This had been self-identified by the provider in a recent audit and plans were in place to address same.

Residents were supported to manage their health in the centre and had appropriate access to multi-disciplinary supports when required. All residents had individual COVID-19 care plans in place. Residents experienced regular meetings with staff, where infection prevention and control and COVID-19 was discussed with them, as appropriate. For example, resident meeting notes reviewed included topics such as isolating during periods of infection and hand hygiene. In addition, easy-read documents on COVID-19, hand washing and staying healthy were on display in the centre.

Regulation 27: Protection against infection

Overall, the inspectors found that the service provider was generally meeting the requirements of the national standards for infection prevention and control in community services, and keeping the staff team and the residents safe. There were management and oversight systems in place and infection control measures were regularly audited and reviewed. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the resident. The designated centre was visibly clean and well maintained on the day of the inspection.

However, some improvement was required in areas of the premises to optimise the ability of staff members to effectively clean and sanitise surfaces. In addition, some improvement was required in areas of laundry management practices, effective cleaning of individual assistive equipment and the storage practices of cleaning equipment.

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 Nenagh Residential Service OSV-0003420

Inspection ID: MON-0036881

Date of inspection: 25/10/2022

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. Couch with worn area has been removed and a replacement sourced – will be completed by 15/12/2022 2. Repair or replacement of timber floor area in kitchen – will be completed by 28/02/2023 3. Stains noted on wall in kitchen have been removed and plan to repaint kitchen in place – will be completed by 28/02/2023 4. Radiator with rust will be replaced – will be completed by 15/12/2022 5. Specific cleaning protocol for personal assistive equipment and cleaning log for same have been implemented – this was completed by 11/11/22 6. Hand gels in place and available at all times – completed 25/10/22 7. Specific protocol developed regarding one practice of laundry management which includes PPE bin in utility room and arrangements for hand hygiene following handling of soiled laundry – this was completed by 11/11/22 8. Alternative cleaning equipment – flat mop system - has been ordered to prevent storage issues as described above – will be completed by 30/11/2022 	

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	28/02/2023