

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

## Issued by the Chief Inspector

Name of designated centre:	Alberg House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	21 March 2022
Centre ID:	OSV-0004665
Fieldwork ID:	MON-0035271

## About the designated centre

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

Alberg House provides a residential service for both male and female adults with an intellectual disability. The number of residents accommodated in the centre is five. The Alberg house team uses a social care model of care and the centre is staffed by a person in charge, social care workers, assistant support workers, administration staff and relief staff to cover planned and unplanned leave. Staffing numbers are reviewed and revised to respond to residents' dependencies. The premises is a large detached five bedroom house close to the centre of a large town in Co. Kildare. The centre is near a wide variety of services and amenities including shops, cinema, post office, banks, and medical centres. There were good public transport links and residents had access to a vehicle to support them to attend work and activities in their local community. Each resident has their own bedroom, four of which are en suite. There is a kitchen, utility, living room, sitting room, bathroom, staff office, games room/staff sleepover room and a spacious garden with two storage sheds.

**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
Monday 21 March 2022	10:10hrs to 15:10hrs	Marie Byrne	Lead

## 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 inspector of social services adhered to national best practice and guidance with respect to infection prevention and control (IPC), throughout the inspection.

On arrival to the centre, the inspector was directed to a wooden shed at the back of the house to complete hand hygiene at the sink provided. This facility was for staff and visitors to complete hand hygiene and to don and doff personal protective equipment (PPE). There were stocks of PPE available in the shed and this was organised and stored away from the handwashing sink. At the front entrance to the house there were hand sanitising facilities and a thermometer available to check visitors' temperatures. There was also a declaration form available for completion by visitors to demonstrate that they didn't have any signs or symptoms of infection prior to entering the house.

During the inspection the inspector had an opportunity to meet each of the five residents in the designated centre and to speak briefly with each of them. Three residents chose to meet with the inspector later in the inspection to discuss infection prevention and control and how they were keeping themselves safe during the pandemic. In addition, two residents' family members spoke with the inspector on the phone. The inspector 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.

Overall the inspector 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. For example, one resident went to the local men's shed during the inspection and two residents went out and about with staff. Residents talked to the inspector about employment opportunities, work experience, and their plans for the future. A number of them talked about the importance of their independence and how they were working with staff to increase their independence in areas such as using public transport. Each of the residents who spoke with the inspector were complimentary towards the staff team, and stated they were aware of the complaints process and would feel comfortable raising any concerns they may have.

As previously mentioned two residents' representatives made themselves available to speak with the inspector on the phone during the inspection. They discussed

infection prevention and control measures and visiting arrangements for the centre. They described how staff always kept them up-to-date what was happening in the centre. They said they were particularly grateful for the updates on any changes to arrangements for visits to the centre, or home visits. They described the different precautions that had been taken at different stages of the COVID-19 pandemic, such as outdoor visits and shorter indoor visits. They each discussed the questionnaire which was completed prior to visiting/home visits. They were both complimentary towards care and support for residents in the centre, and towards communication from the staff team.

There were systems in place to ensure residents 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, discussions were held in relation to infection prevention and control, COVID-19 and how residents could keep themselves safe against the risk of infection. Three residents spoke with the inspector about the steps they were taking to keep themselves safe from infection. These included washing and sanitising their hands, and wearing masks in public places and on public transport. They also talked about visiting their friends and family and about the precautions they would take such as checking their temperatures and checking for symptoms before they go, and before they come back to the centre.

For the most part the inspector found that the premises were visibly clean. There were cleaning schedules in place which showed that each area of the house was cleaned regularly, including staff completing touch point cleaning every four hours. However, some areas were not found to be clean and areas of the centre required maintenance and repair to ensure that effective cleaning and disinfection could be completed. These will be detailed later in the report.

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 inspector found that the registered provider was 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 residents and staff showed an awareness of the importance of standard precautions. However, improvements were required in relation to the cleanliness of some areas, the systems for cleaning some cleaning equipment, and the maintenance and upkeep of some areas of the centre.

The person in charge and deputy team leader facilitated the inspection, and the director of operations was present during the inspection and attended feedback at the end of the inspection. There were clear governance arrangements in place to ensure the delivery of safe and effective infection prevention and control practices. Staff who spoke with the inspectors 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. There was an infection prevention and control champion identified in the centre who had completed a number of online infection prevention and control related training programmes. Staff told the inspector who they would escalate any infection prevention and control related concerns to; however, it was unclear who was providing specific infection prevention and control expertise and guidance in the organisation.

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. The staff team had completed a number of Infection Prevention and Control and food hygiene trainings. In addition, there was an infection prevention and control policy and an area specific contingency plan in place which included staff deputising arrangements and emergency contact details. It referred to relevant risk assessments, the centre's outbreak management plan, residents' isolation plans, and detailed how to access PPE and supports from other parts of the organisation.

The providers' annual review and six monthly reviews included sections on infection prevention and control and the impact of the COVID-19 pandemic for residents. Staff and management meetings and correspondence included discussions on infection prevention and control. The inspector found that infection prevention and control audits and reviews were occurring; however these were not picking up on some of the areas for improvement in line with the findings of this inspection. However, the staff team was logging most of these issues on their maintenance list.

The provider was planning and organising the staff team to meet the service's infection prevention and control needs. They had completed assessments to identify the minimum safe levels of staff, in order to reduce the footfall in the centre should there be an outbreak, or for times when COVID-19 levels of infection were high in the local community. There were 1.5 whole time equivalent staff vacancies at the time of the inspection, and the provider was in the process of recruiting to fill these vacancies. In the interim, staff were completing additional hours and regular relief staff were completing the required shifts. The provider was aware that they needed to recruit staff who could drive the centre's transport in order to ensure that residents could continue to enjoy accessing activities outside of the centre.

## Quality and safety

Overall the inspector found that residents were being kept up-to-date in relation to infection prevention and control measures in the centre. They described some of the steps they were taking to protect themselves to the inspector during their inspection. However, the inspector found that improvements were required in relation to cleaning some areas of the house and some cleaning equipment, and the maintenance and upkeep of the premises.

Residents were being provided with information and involved in decisions about infection prevention and control in the centre. Residents' meetings included discussions around cleaning and ventilation and residents were reminded that staff were available should they require any support to clean their rooms. There was a section in the risk register on the importance of the provision of information to residents, and the impact visiting restrictions may have for them. Residents were informed of infection prevention and control issues through keyworking sessions and the latest residents' meeting minutes showed discussions around hand hygiene, food safety and labelling, visiting, laundry, maintenance, and chores in the house. Residents' individual risk management plans also included sections on infection prevention and control and their particular healthcare needs. There were systems in place to ensure residents could access allied healthcare professionals in a timely manner, with emergency numbers available in the centre's contingency plan.

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 training on the use of PPE, IPC guidance on COVID-19 in residential care facilities, COVID-19 risk assessments, national standards on IPC, and hand hygiene. They had also started a FFP2 mask quiz in the centre.

There was a system in place to check and record residents, staff and visitor's 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 also outbreak preparedness and management plans in place.

For the most part, the inspector found that the centre was clean and well maintained. However, there were a number of areas, particularly in bathrooms where additional cleaning was required. There were policies, procedures and guidelines in place for cleaning. There was a shed at the back of the house which was for the storage of cleaning equipment; however, 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. For example, there was a used mop stored head down in a mop bucket and the handle of mops did not appear to be clean. In addition, there were some areas where maintenance was required and this was affecting the ability to clean and disinfect these areas. These will be detailed later in the report. The inspector acknowledges that some of these has been reported prior to the inspection and that the remaining ones were reported before the end of the inspection.

There were adequate arrangements for laundry and waste management. There was



a dedicated area for waste and a locked clinical waste bin available in this area. However, during the inspection there was a clinical waste bag on top of the locked bin. This was locked away prior to the end of the inspection.

## 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:

- It was unclear who was providing specific IPC expertise and guidance for the centre.
- A full clinical waste bag was not stored securely.
- Some areas of the centre were not found to be clean during the inspection. For example, shower trays, enclosures and a door.
- There was no system in place to demonstrate the regular cleaning of cleaning equipment. A used mop was found in a bucket and a number of mop handles did not appear clean.
- A coffee table was damaged resulting in an inability to adequately clean and disinfect it.
- There were items stored on the floor in two residents' bedroom.
- There were areas in the centre where maintenance and repairs were required. For example, there were some cracked floor tiles on the main bathroom floor, the sealant was damaged behind a number of sinks and toilets, and between the kitchen tiles and counter tops, and the plug hole in the sink and bath in the main bathroom were rusted.
- The grouting between tiles in bathrooms required cleaning or replacement.
- Improvement was required to ensure that there was adequate ventilation in a number of residents' en suite bathrooms. The provider was aware of this and in the process of reviewing it at the time of the 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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Alberg House OSV-0004665

Inspection ID: MON-0035271

Date of inspection: 21/03/2022

## 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 full environmental review of the centre in regard to Infection, Prevention and Control measures and ensure the following actions are taken to address the findings:<ol style="list-style-type: none"><li>a) The clinical waste bags are checked daily to ensure they are stored securely.</li><li>b) PIC to review areas that required a deep clean and staff team to maintain thereafter with regular checks by management. Maintenance team will fill any areas that require re-grouting.</li><li>c) PIC will review all furnishing in the centre to ensure they are fit for purpose and replace where required.</li><li>d) All areas identified during inspection requiring maintenance and repair have been logged on system and are scheduled to be completed by Nua Healthcare's maintenance team.</li></ol></li><li>2. The cleaning standard operating procedures were updated to demonstrate regular cleaning of the cleaning equipment.</li><li>3. PIC shall ensure key working sessions are completed with individuals regarding the importance of maintaining good hygiene practices in their bedroom and storing their clothes appropriately.</li><li>4. Review of adequate ventilation to be actioned with Nua's maintenance team with the aim to improve ventilation in en suite bathrooms.</li><li>5. There is an Infection Prevention and Control Team manager who provides updates and guidance to the centre following weekly IPC meetings involving Executive and Senior Management</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).

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	31/05/2022