



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

## Issued by the Chief Inspector

Name of designated centre:	Morella House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	25 April 2023
Centre ID:	OSV-0008046
Fieldwork ID:	MON-0035932

## About the designated centre

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

This designated centre provides full-time residential support to up to four male and female adults with a diagnosis or intellectual disability and autism, as well as specific needs including diabetes, epilepsy and responsive behaviours. The service is managed by a person in charge and a team of social care and support workers. Support is provided in a bungalow in a rural setting, with a main house and two adjacent apartments providing single-occupancy accommodation. Residents have access to services of the service provider's multidisciplinary team including occupational therapy, speech and language therapy, psychiatry and psychology.

**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 April 2023	10:30hrs to 16:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

During this unannounced inspection, the inspector of social services met the residents and members of their support team, and had an opportunity to observe some of their routines and their living environment in the designated centre.

During the day the residents were engaging in activities at home and in the community. On arrival in the morning, all residents were up and ready for their day, with one resident leaving to attend their park walking club. Another resident had already left with their staff to go walking in the woods which they regularly enjoyed. One resident was getting ready to go out for the day with their family. The fourth resident was using their computer in their bedroom, and later in the afternoon went for a drive with staff. All residents had allocated staff in accordance with their assessed support needs. Residents had access to three vehicles in the centre to facilitate access to the community. Some commentary was provided to indicate a desire to have an additional vehicle to maximise each resident's ability to go on long outings without impacting on the plans of their peers. Staff supporting residents had a friendly and patient demeanor with residents, including times during which they were supporting people who became anxious or over-stimulated during the day. The inspector had the opportunity to speak with a family member, who commented positively on the staff being consistent and supportive, and that the resident was generally happy and safe living here.

Residents were supported to personalise and decorate their bedrooms in line with their preferences, and each resident either had an en-suite bathroom or exclusive use of their own toilet and shower space. Residents had sufficient communal living and garden space as well. The provider was in the early planning stages of swapping the living spaces of two residents based on their assessed needs, and advised the inspector that this change would be done in a manner in which residents and their representatives would be consulted. While the inspector observed some areas requiring cleaning and maintenance in the centre, referred to later in this report, these primarily related to areas which were being missed in routine housekeeping or had been affected by general wear and tear.

The inspector observed some areas in which risk assessments and controls, guidance protocols and resident education had not been developed in response to the specific needs of residents in this service. There was limited evidence observed on how residents were being encouraged and facilitated to practice good day-to-day infection control practices.

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.

## Capacity and capability

This unannounced inspection was carried out to assess the registered provider's compliance 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).

The inspector found examples of how the service provider was updating some policies and protocols to reflect the most recent national guidelines and recommendations for residential care settings. For example, restrictions on visitors for infection control reasons had been discontinued, and wearing of surgical face masks was determined to no longer be mandatory unless there was a higher risk of healthcare associated infection.

The risk assessment for this centre on infection control was being kept under routine review, most recently in February 2023. Some of the risk controls listed were not in place at the time of inspection, such as hands-free pedal bins, or had been discontinued, such as sanitising mats at entrances. Daily task lists up to and including the morning of this inspection, and the night before, listed some tasks as completed or equipment as present when they were not.

The provider had suitable and centre-specific risk control measures related to COVID-19, including how staff would be supplemented in the event of absences and how to maintain service continuity in the event of an outbreak. Risk assessments and control measures were almost entirely focused on COVID-19, with limited assessment or staff guidance on other potential healthcare-associated infections, such as *Clostridioides difficile* (C.diff), methicillin-resistant staphylococcus aureus (MRSA), influenza, norovirus or legionellosis. There was also no risk assessment related to some infection risks specific to the designated centre, such as managing risks related to unvaccinated residents or staff.

The provider had identified some staff members to lead in the management of infection prevention and control practices. However their role in this regard was limited to ensuring equipment was in place, and the inspector could not find evidence of any additional training, education or guidance provided to these staff to support them on the practices and procedures being overseen. Staff in general had attended training in topics related to infection control.

Infection control practices and oversight was not a regular topic of discussion in the minutes of recent team meetings. While no audits had taken place in recent months on the topic of infection control, the most recent six-monthly provider inspection in November 2022 scored the centre 86% compliant with the standards, with timebound actions primarily related to gaps in documentation and training.

## Quality and safety

The inspector observed appropriate practices in how household waste, food items, laundry and sterile stock was managed. The provider had an arrangement in place for periodic pest control inspections to identify potential risk. Food items were labelled to indicate when they had been opened so they could be disposed of when no longer safe. Cupboards, boxes and fridges in which medicines were stored were clean, and sterile stock was all within its use-by date.

The staff team used cleaning schedules to identify and check off daily, weekly and as-required tasks in the designated centre. Staff had signed off this schedule between one and three times for each area up to the night before this inspection. In the main, the environment of the designated centre was clean, however some items were checked off as completed when they were not. For example, the inspector observed food, rubbish and dirt on the floor and seats of a vehicle marked as being vacuumed and deep-cleaned after its most recent use, and cleaning equipment such as dustpans, mop poles and buckets were not all clean when checked. Some walls, doors, floors and bathroom fixtures marked as cleaned the previous night were visibly dirty on the morning of inspection. Some areas had been cleaned generally but not in spaces which had accumulated dust and dirt such as extractor fans or under and behind sofas. Some furniture and window blinds were not clean.

Resident bedrooms were overall clean, well-maintained and suitably furnished and personalised based on residents' assessed needs and choices. Kitchen and laundry areas were also overall clean and well-maintained. Some surfaces did not facilitate effective sanitisation, such as an unfinished wooden surround on a toilet flusher, or furniture with damaged upholstery. Not all spaces for residents and staff members to wash their hands were equipped with hand soap, paper towels or bins, including kitchen and toilet areas. In some instances, the inspector observed staff who had been supporting personal care having to go to other living areas in the centre to dispose of their personal protective equipment and to wash their hands afterwards.

The provider had guidance available on procedures for cleaning items and equipment, for disinfecting cleaned surfaces, for managing bodily matter such as blood or vomit, and for disposing of risk waste. The inspector spoke with a number of front-line staff through the day on these standard precautions for infection control in a residential care setting. Staff were overall clear on procedures for safely managing household waste and regular and soiled laundry. There was some discrepancy between how staff described practices compared to the guidance and instructions provided in the centre. For example, some materials and agents meant for disinfecting cleaned surfaces were described as being used to clean up dirt around the house, and there was some inconsistency when describing how bodily fluids would be managed.

Information which would travel with residents if they were to be admitted to hospital communicated concise and up-to-date information on their healthcare history. This included instances of having had a healthcare associated infection such

as COVID-19. There were some gaps in this information, however, including notes related to the vaccination status of residents. The provider was unable to identify other vaccinations residents had received, such as the winter flu vaccine.

There were risk protocols clearly described for use in the event the house has an infection outbreak to keep residents and staff safe. It was not evident how standard day-to-day precautions to stay safe from infection were discussed with residents or supported by staff, such as educating and supporting residents on following effective hand hygiene, supporting residents to keep their en-suite bathrooms clean, and providing support towards making informed decisions on vaccinations.

## Regulation 27: Protection against infection

Based on discussions with staff and management , what inspectors observed during the day, and documentary evidence provided during this inspection, the provider was generally keeping residents safe in the service and maintaining an overall clean environment.

Some aspects of the service required attention to ensure effective and consistent infection control practices, oversight of allocated tasks, and ensuring that good infection control remained an ongoing topic of review with staff and with residents outside of the context of the COVID-19 pandemic. These included the following:

- It was not evident who was providing specific infection control expertise and guidance to the centre or how the local infection control leads were provided the instruction and education to support them to oversee effective practice and precautions.
- Not all spaces for washing hands or doffing personal protective equipment were equipped with soap, paper towels or bins.
- Bins in the house were not touch-free or pedal-operated to open.
- Some areas were being missed in daily and weekly cleaning tasks.
- Some cleaning tasks checked off on schedules were not done, and other checklists were checked off for precautions which had been discontinued.
- Some risk control measures described had been retired without revision of the respective level of risk.
- Risk assessment on infection control was almost entirely limited to matters related to COVID-19, with little reference to other potential healthcare associated infections.
- There was some inconsistency in the detergents, disinfectants, tools or methods used when cleaning or sanitising equipment and environments.
- Some blinds, door handles and bathroom fixtures were dirty and some furniture was damaged.
- One toileting space was being used to store bags of clothes.
- A toilet flush button was surrounded by a chipboard panel which could not be effectively sanitised after being touched.
- The provider had not conducted risk assessments related to unvaccinated

people in the centre or highlighted this risk in resident transfer documentation.

- There was limited evidence of how the team were supporting the residents to stay educated and supported on practicing safe infection control precautions.
- It was not evident when or if the residents had been supported to avail of seasonal flu vaccines.

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 Morella House OSV-0008046

Inspection ID: MON-0035932

Date of inspection: 25/04/2023

## 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) will complete a review of IPC Risk Assessment to ensure all guidelines are being implemented in the Centre.</li> <li>2. The PIC will review the roles and responsibilities of the Designated IPC Officers in the Centre to ensure clarity for their role and provide additional training and education where required.</li> <li>3. The PIC will implement a deep cleaning schedule to take place in the Centre on a weekly basis and a review shall be completed of the Centre’s cleaning SOPs to ensure all areas in the Centre are captured including PPE gear and company vehicles. In addition, any tasks which have been discontinued will be removed from the cleaning SOP’s.</li> <li>4. The PIC will ensure to implement a schedule to review all Personal Protective Equipment (PPE) to ensure all supplies are stocked to a satisfactory level.</li> <li>5. An environmental review shall be conducted of the PIC of the Centre and in conjunction with the maintenance supervisor, regarding Infection, Prevention and Control (IPC) and ensure that.               <ol style="list-style-type: none"> <li>a) Pedal bins will be placed in all Residents bedrooms and bathrooms.</li> <li>b) Doffing areas to have sufficient stock of PPE, paper towels and bins provided.</li> <li>c) All areas and fixtures identified during the inspection are repaired or replaced where appropriate.</li> <li>d) areas identified during the inspection that were not being utilized as per their intended use and ensure corrective measures are taken to ensure the space is utilized appropriately.</li> </ol> </li> </ol>	

6. A review shall be conducted by the PIC, in collaboration with the Infection Prevention and Control (IPC) team to ensure risk assessments are incorporated to include potential healthcare associated infections aside from Covid-19.
7. The PIC shall conduct an educational review with the staff team to ensure knowledge is consistent and clear in relation to the use of specific detergents, disinfectants and tools are utilized as per their intended use. Following this a test of knowledge will be implemented with the staff team.
8. A review of all individual's hospital passports will be undertaken by the PIC to ensure that each Service User's vaccination status is clearly identifiable to any relevant professional that may be required to provide care to any individual in the Centre.
9. A review of the weekly Service user forum meetings will be completed by the PIC to ensure that staff are continuing to support and educate the Service Users with reference to practicing safe infection control precautions.
10. All the above points will be discussed at the next Centre team meeting to be held by 30 June 2023.

## 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	30/06/2023