



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

## Issued by the Chief Inspector

Name of designated centre:	Nenagh Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	06 September 2023
Centre ID:	OSV-0002653
Fieldwork ID:	MON-0039745

## About the designated centre

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

Nenagh Support Accommodation is a designated centre operated by RehabCare. The designated centre provides community residential services to six adults with a disability. The designated centre is located in a town in Co. Tipperary and consists a five bed two storey house and an adjacent self-contained apartment. The two storey house accommodates five residents and consists of a living room, kitchen/dining room, utility room, staff bedroom, five resident bedrooms and shared bathrooms. The apartment accommodates one resident and consists of a kitchen/living room, bathroom and bedroom. The centre is staffed by the person in charge, care workers and support workers.

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

Number of residents on the date of inspection:	6
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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
Wednesday 6 September 2023	09:00hrs to 15:00hrs	Miranda Tully	Lead

## 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).

The inspector used observations, spoke with staff and reviewed documentation to determine residents' experience of care and support in the centre, particularly relating to infection prevention and control measures. The unannounced inspection was facilitated by the team leader as the person in charge was on annual leave.

The inspector met with three residents on the morning of the inspection before they left for day service. Residents spoke with the inspector about plans to celebrate a birthday later that evening. Residents spoke positively about staff and living in the centre. Two residents had left the centre prior to the inspector's arrival. The sixth resident lived in an individualised apartment within the centre. The resident attended day service three days per week and was supported by staff from day service from within their apartment on two days per week. The inspector had the opportunity to meet and speak with the resident, who spoke to the inspector about their life experiences and things which were important to them. The resident's apartment had numerous photos and personal items on display and it was clear that the apartment was decorated as per the resident's wishes. The resident did express to the inspector that they were unhappy with aspects of their programme, on further discussion with the team leader, this was under continuous review.

The inspector completed a walk around of the property with the team leader. 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. For example, paint was observed to be peeling in residents' en-suite areas, areas of flooring were observed to be worn and chipped in places, and furniture required repair. In addition, soap residue and mould was observed on sealant surrounding a shower which required cleaning. The inspector observed archiving and personal protective equipment (PPE) stored in a room allocated as a bedroom for a resident. On further discussion with staff the inspector was informed that the resident shares a bedroom with another resident in the centre, as this is their wish. This was not outlined in the statement of purpose for the centre.

The inspector 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, pedal-operated bins and cleaning schedules in place.

There were systems to ensure residents were consulted. 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.

While the inspector noted that residents appeared comfortable living in their home on the day of inspection and enjoyed a good quality of life, improvements were required to ensure that infection prevention and control measures in the centre were safe, consistent and effectively monitored by the management team. This was important to reduce the risk of healthcare associated infections and COVID-19. The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

## Capacity and capability

Overall the inspector found that the registered provider was for the most part implementing systems and controls to protect residents and staff from the risks related to healthcare associated infections.

The designated centre had a clear management structure in place. The centre was managed by a full-time person in charge. There was evidence of regular quality assurance audits of the quality and safety of care taking place including the annual review and unannounced six monthly audits.

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. 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 record required review to ensure adequate detail was included. For example arrangements for isolation where people share a room during the event of a suspected or confirmed case of COVID-19.

On the day of the inspection, the inspector found that there were appropriate staffing levels in place to meet the needs of the residents. Staff who spoke with the inspector were aware of their roles and responsibilities in relation to infection prevention and control. Staff had completed a number of infection prevention and control related training programmes. This included hand hygiene, infection prevention and control, standard precautions and the use of PPE.

## Quality and safety

Overall, with regards to infection prevention and control, the inspector found that improvements were required to ensure that the service provided was always safe and effectively monitored to ensure compliance with the National Standards for infection prevention and control in community services (HIQA, 2018). It was evident that the management team and staff were endeavouring to provide a safe service to residents.

On the day of the inspection, the designated centre was for the most part observed to be clean and tidy. At surface level, most of the the designated centre appeared as reasonably clean however, schedules did not include residents' mobility aids or equipment. In particular the inspector observed that schedules did not include the cleaning of shower chairs or a mobility aid.

Systems were not in place to review PPE stock on the day of the inspection. The inspector observed a large number of bottles of hand sanitizer that were past their expiration date.

In addition, a number of items in the centre did not allow for adequate cleaning and posed an infection prevention and control risk given their make up or due to damage. For example, paint was observed peeling in bathroom areas, office desks, flooring and bedroom furniture were worn in places and rust was also evident on radiators and pedal bins.

## Regulation 27: Protection against infection

Overall, the inspector found that improvements were required in the centre to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- Cleaning schedules required review to ensure they included items such as shower chairs and mobility aids.
- A system was required to ensure adequate stock management of PPE supplies.
- The centre contingency plan required review to ensure it was specific to the needs of the centre and to the residents' assessed needs.
- Works were required to the premises to ensure adequate cleaning could be completed as required.

Judgment: Not 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	Not compliant



# Compliance Plan for Nenagh Supported Accommodation OSV-0002653

Inspection ID: MON-0039745

Date of inspection: 06/09/2023

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• The interior of the house will be repainted by 08-12-2023</li> <li>• The rust on radiators will be repaired, this will be completed by 08-12-2023</li> <li>• All showers and shower screen in main bathroom will be resealed. To be completed by 27-10-2023.</li> <li>• Floor covering will be replaced in downstairs bedroom and ensuite, the kitchen and hallway in the apartment. This will be completed by 08-12-2023</li> <li>• Bedroom that was being used to store PPE have been cleared out and is now available as bedroom. This was completed on 21-09-2023.</li> <li>• The Covid contingency plan for the service was reviewed and updated to reflect current measures in the service. This was completed on 11-09-2023.</li> <li>• Review of cleaning log has been completed aids and appliances are now included. This was completed on 21-09-2023.</li> <li>• There was a review of PPE stocks completed 09-09-2023, stocks are now checked on a weekly basis by the Team Leader.</li> <li>• Bedroom furniture including wardrobe have been replaced in one resident’s bedroom. This was completed on 14-09-2023.</li> <li>• Office desks will be replaced by 06-10-2023</li> </ul>	

**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.	Not Compliant	Orange	08/12/2023