



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

Issued by the Chief Inspector

Name of designated centre:	Clarey Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	06 April 2022
Centre ID:	OSV-0003386
Fieldwork ID:	MON-0036023

About the designated centre

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

Clarey Lodge provides 24 hour care and support for up to four adults both male and female with an intellectual disability. The centre is a detached bungalow which is subdivided into four separate areas, each with their own entrance. There are three self-contained apartment ,one area supports female residents and contains a kitchen dining area, two bedrooms, a bathroom and a sitting room. The second area is a common area and contains a kitchen dining area, a bathroom, a laundry area and an office. There are two self-contained apartments which contains a sitting/dining area, a bedroom and a bathroom. One of these apartments has a sensory room and the other has an outside building for activities. Residents are support 24 hours a day by a staff team consisting of a person in charge, social care workers, health care assistants, a staff nurse and relief staff. There are a number of vehicles in the centre to assist residents to access community facilities.

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
Wednesday 6 April 2022	11:30hrs to 16:30hrs	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 (Health Information & Quality Authority, 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. For the most part the inspector found that the provider was implementing a number of systems to protect people from risks associated with infection; however, some improvements were required in relation to damaged areas of the premises which were affecting the ability to clean and disinfect them, and to the cleaning of some areas and of cleaning equipment.

On arrival to the centre, the inspector was directed to a wooden shed at the front of the house which had a handwashing sink, facilities for donning and doffing personal protective equipment (PPE), a thermometer and a log to record staff and visitor's temperatures.

The inspector had the opportunity to meet and briefly engage with three of the four residents living in the centre during the inspection. One resident was visiting their family during the inspection. On arrival, one resident was having a cup of tea and reading a magazine with staff. They greeted the inspector and told them they were happy and well. They talked about their favourite jewellery and things they liked to do. They then went back to having their cup of tea and chatting to staff.

Another resident was relaxing in their apartment when the inspector visited them. They did not wish to engage with the inspector but said they were happy for them to have a look around their apartment. Later the inspector met this resident in the communal kitchen where they were making themselves a drink and a snack. They appeared comfortable and content in their apartment and in the house and with the levels of support offered by staff.

On the morning of the inspection when the inspector visited their apartment one resident was busy and did not wish to engage with the inspector. However, they were happy to meet the inspector briefly later in the inspection during which they greeted the inspector and then continued to engage in the activity they were doing, which was making a jigsaw puzzle in the living room.

The house was divided into a number of areas which consisted of three apartments and a communal area with a bathroom, laundry room, staff office and kitchen come living area. There were also a number of sheds and outbuildings on the grounds of the premises. Overall, the house and apartments appeared homely and comfortable. Residents' apartments and bedrooms were decorated in line with their wishes and a number of works had been completed to the premises since the last inspection. There were also more works planned such as the refurbishment of one residents'

bathroom. However, the inspector found that some areas of each of the apartments, the main house and a shed which were not clean at the time of the inspection, these will be detailed later in the report.

Residents' input and that of their representatives were captured as part of the provider's six monthly and annual review of care and support in the centre. Feedback in these reviews was positive with residents and their representative giving complimentary feedback about care and support in the centre. Positive feedback was given in relation to mealtimes, the house and apartments, arrangements for visitors, storage, and access to activities.

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. They had systems for the oversight of infection prevention and control practices in the centre. There had been no positive resident cases of COVID-19 in the centre, and only a small number of staff cases during the pandemic. However, some improvements were required in relation to the maintenance and upkeep of the centre and to cleaning practices, to ensure that residents and staff were fully protected from the risk of exposure to infection.

The person in charge was responsible for the day-to-day management of this and another designated centre. They were off site on the morning of this unannounced inspection but arrived to the centre later in the afternoon, as did the director of operations. The team leader facilitated the first half of the inspection and the person in charge facilitated the second half. They were each found to be knowledgeable in relation to residents' likes, dislikes and preferences, and motivated to ensure that residents were happy and safe in the centre. Throughout the pandemic, it was evident that every effort was being made to ensure that residents continued to engage in activities they enjoyed while adhering to public health advice.

Staff who spoke with the inspectors were aware of their roles and responsibilities in relation to infection prevention and control. 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. The inspector was informed

that the provider was aware of this and that plans were in place for a member of the senior management team to do additional IPC related trainings.

A risk based approach had been adopted to the management of infection prevention and control in the centre. The risk register identified infection prevention and control risks, and the control measures in place 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. This document did not contain all of the relevant information in relation to IPC, but this information was available in other documents in the centre.

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 included discussions on infection prevention and control. Audits and reviews were occurring and picking up on most of the areas for improvement; however in the 12 months prior to the inspection audits were consistently picking up on areas for improvement in relation to cleaning, but there was limited evidence of follow up or completion of actions to bring about the required improvements. In addition, the audits and reviews were not picking up on areas for improvement where maintenance or repairs were required and the impact these were having on the ability to clean and disinfect these areas.

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 and for times when COVID-19 levels of infection were high in the local community.

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, and the impact of these measures on their day-to-day lives. Some improvements were noted in the premises since the last inspection; however, the inspector found that improvements were required in relation to cleaning 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. At residents' keyworker meetings discussions were held in relation to COVID-19. Each resident had an individual standard operating procedure and self-isolation plan in place which was being reviewed regularly. They also had health monitoring plans which formed part of their isolation plans. There was a folder available for residents with easy-to-read documents on areas such as, the use of PPE, handwashing, and cough and sneeze etiquette. There were also social stories available on staff wearing masks and other

PPE.

There was a version of the provider's annual review available in an easy-to-read format. Residents' feedback for the annual review referred to the impact of COVID-19 on their experience of care and support in the centre. Each residents' feedback indicated that they were happy with the support they had received during the pandemic to understand how to keep themselves and others safe from infection, and about how information was shared with them on how restrictions relating to the pandemic would impact them. Residents' representatives also expressed that they were happy with the measures and information provided to them around the COVID-19 pandemic. They referred to changes in their family members lifestyle during the pandemic and how well the staff team had supported them through these changes.

Staff were observed to adhere to standard precautions throughout the inspection. Staff who spoke with the inspectors were aware of what additional precautions they may need to use in the event of the presence of an infection. 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 was an outbreak preparedness and management plan in place.

For the most part, the inspector found that the centre was clean. There was evidence that daily cleaning was being completed by the staff team; however, there were areas where additional cleaning was required. There was a build up of dust and dirt in some areas and these will be detailed later in the report. From speaking with the staff team, and the managers during the inspection they were aware that additional cleaning was required. They referred to the reduced staffing numbers in the centre at times as a control measure to reduce the risks associated with a higher footfall of staff during the pandemic, and the knock on effect this had on the time available to staff for completing cleaning duties. There were adequate arrangements for laundry and waste management in the centre.

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:

- Cleaning equipment in a cleaning shed was not found to be clean. For example, the broom handles and heads appeared dirty, and mop heads and handles did not

appear clean.

- Skirting boards in one of the apartments and the main house had a build up of dust and dirt on them.

- The kitchen counter top in one of the apartments was damaged, and there was a kettle with damaged surfaces, both of which were affecting the ability to clean and disinfect them.

- A number of hand sanitiser dispensers did not contain sanitiser.

- A press in the bathroom in one of the apartments was damaged which was affecting the ability to clean and disinfect it.

- There were a number of areas in the main house which were not found to be clean. For example, the splash back at the back of the cooker appeared dirty, and the oven had a build up of dirt on the door, a number of light switches appeared dirty, there was a build up of dust and cobwebs around the emergency light sign in the main house, and the handwashing sink in the bathroom was visible dirty.

- The floors in the main house and in one of the apartments had a build up of dust and dirt.

- The mats on the floor of a sensory room had a build up of dirt and dust on them.

- The windows and windowsills in one of the apartments were not found to be clean.

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 Clarey Lodge OSV-0003386

Inspection ID: MON-0036023

Date of inspection: 06/04/2022

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. The Person in Charge (PIC) shall conduct an environmental review of the Centre regarding Infection, Prevention and Control and ensure that: <ol style="list-style-type: none"> a. Hand sanitizer units throughout the Centre have either been filled or repaired and are fully operational. b. All work surfaces are free from damage so these can be cleaned and disinfected fully. c. All storage and cabinets are fit for purpose regarding Infection, Prevention and Control Precautions. d. All skirting boards are free from dust and dirt. e. All appliances throughout the Centre, inclusive of ovens, are deep cleaned on a regular basis. f. High dusting is carried out in line with the Centre’s Infection, Prevention and Control practices and standard precautions. g. Light switches are cleaned and disinfected. h. Floors have been swept and mopped, free from dirt and dust. i. Mats in sensory room are cleaned. j. Windows and windowsills are cleaned. 2. The Person in Charge (PIC) will put a system in place with the Staff team to ensure that regular cleaning of cleaning equipment is conducted in line with the Centre’s policy and procedure on Infection, Prevention and Control. This will be discussed with team members at the next monthly team meeting on 04/05/2022. 3. The Person in Charge (PIC) will discuss the above points at the next monthly team meeting on the 04/05/2022 with reference to Nua Healthcare’s Covid-19 Daily Standard Precautions. 	

4. In respect of continuous quality improvement and based on verbal feedback received on the day of the inspection, the PIC will implement the following actions in relation to antimicrobial resistance:

- a. Information sheets on antimicrobial resistance to be issued to the Centre.
- b. Key Working session on antimicrobial resistance to be carried out with all individuals.
- c. A Recording table to be added to the individual's medication folder to capture antibiotic use, this document will be brought to all GP/Health related appointments.

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	27/05/2022