



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

Issued by the Chief Inspector

Name of designated centre:	The Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	05 January 2023
Centre ID:	OSV-0005324
Fieldwork ID:	MON-0038689

About the designated centre

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

This is a service providing residential care and support to five adults. The house is located in rural location Co. Meath however, is in walking distance to a large town. Transport is provided so as residents can go for drives and access community based amenities, such as go to college, go to shopping centres, hotels, shops and restaurants. The house is a large detached two storey bungalow, comprising a large well equipped kitchen, spacious dining room, a fully furnished sitting room/TV room, a laundry facility and very well maintained gardens to the rear and front of the premises. Each resident has their own en-suite bedroom which is personalised to their individual style and preference. There is ample private parking to the front of the property. The healthcare needs of the residents are provided for and access to a range of allied healthcare professionals, including GP services form part of the service provided. The house is staffed on a 24/7 basis by a full time person in charge, two deputy team leaders and a team of assistant support workers.

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
Thursday 5 January 2023	10:45hrs to 14:45hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and inspect the arrangements the provider had in place in relation to infection prevention and control (IPC). The inspection was completed over one day. The inspector met and spoke with four residents over the course of the inspection, observed their daily interactions with staff and their lived experience in the centre. Written feedback from one family member on, the quality of service provided was also reviewed by the inspector. Residents reported that they were happy and content living in this service and staff were observed to be supportive and caring in their interactions with them.

This centre comprised of a large detached house in a tranquil rural setting consisting of a fully equipped kitchen, a sun room, a utility facility, a bathroom, two sitting rooms and five ensuite bedrooms. On arrival to the centre, the inspector noticed that a designated donning and doffing area was available and, was invited to wear appropriate personal protective equipment (PPE) and sanitize their hands.

The inspector was shown around the facility by the team leader and introduced to some of the residents and the staff. The inspector observed that the premises were modern, generally clean, well maintained and free from clutter. They were also warm, bright, and provided a comfortable home for the residents to enjoy.

One resident spoke with the inspector and said they were very happy living in their home. They were doing some course work at this time and said to the inspector they liked to stay occupied and enjoyed this task. They also said that the staff team were very supportive and that they had plans to go shopping and for a coffee later in the afternoon.

Another resident showed the inspector their room and it was observed to be decorated to their individual style and preference. The resident said that they were happy in the service and also told the inspector that they had visited home just before Christmas. It had been some time since they were last home and they reported that staff were supportive in ensuring that they got to visit and spend time with their family. They also showed the inspector some of the gifts they received for Christmas such as a gaming chair for their computer and said they were delighted with it.

The person in charge explained to the inspector that some residents attended day services and there they engaged in activities of their choosing such as, cooking skills development, educational skills, woodwork and farming. Residents also liked to go shopping and for drives.

Later in the inspection process another resident spoke with the inspector. They also reported that they were very happy in the house and got on well with the staff team. They liked to play football and go bowling and looked forward to participating

in these social activities. They enjoyed talking about and watching sport such as football and the inspector observed that they had a large TV in their room for their enjoyment. They were also a keen guitarist and singer and told the inspector that before Christmas, they had performed with a local group in one of the nearby pubs and very much enjoyed this community based activity.

Written feedback from one family on the quality of the service was very positive. They said that they were appreciative regarding the hard work and huge efforts staff made in supporting their relative. They were particularly complimentary of the key workers in the centre, saying they go above and beyond in ensuring their relatives needs were provided for. They also reported that they always felt welcome when visiting the centre and were kept informed of their relatives progress in the service.

At the very end of the inspection process, a fourth resident requested to speak with the inspector. They said they had progressed well over the last year living in the centre and enjoyed drives, shopping and lifting weights. They also said that down the line, they would like to work towards living in a more independent environment however, this was something they needed to further explore and discuss with the staff team.

Overall, residents spoken with reported they were happy and content in their home and written feedback on the quality of the service from one family member was complimentary and positive. Additionally, at all times over the course of this inspection staff were observed to be kind and caring in their interactions with residents and, residents were observed to be relaxed and comfortable in the presence of staff.

However, while systems were in place for the management of IPC and the house was well maintained, generally clean and free from clutter, a number of IPC related issues were identified on the day of this inspection. These are discussed in more detail in the next two sections of this report.

Capacity and capability

The provider had in place a range of policies and procedures, supported by a comprehensive suite of training for staff so as to ensure they had the required knowledge to implement IPC practices in this centre. The provider had also ensured that practices supporting IPC, were subject to regular audit and review. However, over the course of this inspection, a number of IPC related issues were observed as follows: the storage area used for PPE required review and one of the bins in use in the centre required deep cleaning. Additionally, the inspector had to ask the team leader to ensure that where required, staff wore their face masks in line with public health guidance.

The person in charge of the centre was responsible for the implementation of the

providers policies and procedures regarding IPC. However; to support the person in charge, the provider had put in place a mechanism for the overall governance and oversight of their services in relation to IPC related practices. For example, on the day of this inspection an updated Risk Assessment/Standard Operating Procedure on IPC had been disseminated and emailed from the Quality and Safety Department to all designated centres in the organisation. The person in charge informed the inspector that this updated IPC related information would be discussed with staff at each handover and, it formed part of the agenda at a staff meeting due to take place the day after this inspection. It was also observed that the most up-to-date IPC related guidance from Public Health was available in the centre

The inspector reviewed a number of documents the provider had in place to support the delivery of their operation. These included policies and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. The inspector found that these documents were kept up-to-date and were subject to ongoing and regular review. The contingency planning document was clear and easy to follow. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-19 in the centre. The person in charge and team leader were also able to explain to the inspector the steps to take in the event of a suspected and/or confirmed case of COVID-19.

All residents in this service were supported by a staffing ratio of 1:1. The inspector found that on the day of this inspection, there were sufficient staff on duty to support the residents in line with their assessed needs and from a sample of records viewed, staff had training in IPC to include hand hygiene, donning and doffing of PPE and food hygiene. One staff member also spoke to the inspector about the importance of keeping the house clean and said that if they had any issues or concerns in the house, they could approach and discuss such issues with the person in charge or team leader at any time.

However, while most staff were observed to be wearing PPE appropriately, not all staff were adhering to the requirement to cover both their nose and mouth whilst wearing a face mask. The inspector discussed this with the team leader who addressed this issue immediately, once it was brought to their attention.

A number of audits were taking place in the centre to include, an annual review of the quality and safety of care, six monthly unannounced visits and self assessment reviews on infection prevention control. On completion of these audits, an action plan was devised so as to address any areas that required attention. For example, a recent audit identified that some foods kept in the fridge needed to be labelled with the exact dates that they had been opened. This issue had been addressed by time of this inspection.

However, while a PPE checklist review carried out on January 03, 2023 identified that PPE was being stored and maintained in a hygienic environment, this was found not to be the case on the day of this inspection. PPE was being stored in boxes in an outbuilding amongst multiple other items on the floor, there was a piece of unused equipment placed on top of one of the boxes of PPE and, a box of face masks were

found to be open. Again, when this was brought to the attention of the person in charge they set about addressing the issue over the course of the inspection.

Quality and safety

The provider had developed a hospital passport so as to alert staff and other healthcare professionals to the residents assessed health-related needs. The person in charge also reported that, when or if a resident had to go to hospital, they would be accompanied by a staff member.

An IPC risk assessment was in place for each resident living in the centre. The inspector observed they all had their own individual bedrooms with ensuite bathrooms and had 1:1 staff support throughout the day. This meant that in the event of a resident having suspected and/or confirmed infection, they could remain in their own home with staff support, unless otherwise clinically indicated.

By reviewing a number of key documents, the inspector was able to see how staff were following the provider's general policies and procedures on IPC, through the practices that were in place in the centre. An example of this was noted throughout the course of the inspection where staff were observed engaging in regular hand hygiene practices. It was also observed that there were ample hand sanitizing gels available throughout the centre and COVID-19 related signage was on display at the entrance to the centre.

Additionally, a number of checklists and audits were in place to ensure the upkeep and hygiene of the centre. The inspector reviewed a sample of these documents and found them to provide a comprehensive account of the cleaning activities being undertaken by staff. These covered routine cleaning tasks such as regular cleaning of the floors, kitchen and bathrooms and also included schedules for regular cleaning of daily touch points in the centre.

However, while the premises appeared generally clean and clutter free, a bin in use by one of the residents required deep cleaning. Notwithstanding, the centre was being well maintained and on the day of this inspection, some maintenance work to include painting of parts of the house was being carried out.

While the area for storing PPE required attention, there were adequate supplies of PPE available in the centre to include a spills kit, face masks (surgical and FFP2), gowns, gloves and hand sanitizing gels. Staff were also observed using the gels throughout the course of the inspection.

A colour coded system was also in place for the use of mops and cloths in the centre. The person in charge informed the inspector that each resident washed their clothes separately and where or if required, clothes could be washed on a 60% cycle. Systems were also in place for the regular collection of domestic and recycling

waste.

Regulation 27: Protection against infection

While the provider had in place a range of policies and procedures, supported by a comprehensive suite of training for staff so as to ensure they had the required knowledge to implement infection prevention and control (IPC) in this centre, a number of IPC related issues were observed on the day of this inspection as follows:

- the storage area used for PPE required attention
- a bin in use in the centre required cleaning
- while most staff were observed to be wearing PPE appropriately, the inspector had to ask the team leader to ensure all staff wore their face masks to cover both their nose and mouth.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for The Lodge OSV-0005324

Inspection ID: MON-0038689

Date of inspection: 05/01/2023

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> <p>To demonstrate that the Designated Centre is in line with Regulation 27 The Person in Charge will ensure that all areas identified below and monitoring of protection against infection is reviewed to ensure that risk of infection is within best practice.</p> <ol style="list-style-type: none"> 1. The storage area used for PPE required attention on the day of inspection and on the day was moved to a more suitable area and there is a more appropriate storage system in place. (Completed) 2. The bin in use in the centre was replaced with a new bin and the original bin was disposed of on the day of inspection.(Completed) 3. Daily Safety Enviromental check has been updated to include checking off all bins in Centre (31 Jan 2023) 4. PIC has briefed all staff on mask wearing and management or shift leader will ensure all staff are wearing masks correctly while on shift. The importance of wearing facemasks has been highlighted with the staff team on their team meeting on 6 Jan 2023 (Completed) 5. Management or Shift Leader will continue to compete daily safety walks in Centre to ensure that all PPE is worn in line with guidance. (31 Jan 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.	Not Compliant	Orange	31/01/2023