



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

Issued by the Chief Inspector

Name of designated centre:	Killeen Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	13 April 2022
Centre ID:	OSV-0003380
Fieldwork ID:	MON-0036332

About the designated centre

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

This centre provides care and supports five adults and is situated in a rural setting in County Kildare. The centre aims to support residents with an intellectual disability and those with a dual diagnosis. Transport is available in the centre for residents to access community facilities in line with their wishes and preferences. The premises includes seven bedrooms some of which are ensuite, a staff office come sleepover room, 3 bathrooms, a kitchen, a games room, sunroom and sitting room. The staff team consists of social care workers and healthcare assistants. They are supported by the person in charge who is full time in their role and there are also assigned two team leaders to assist the person in charge in the day to day running of the centre. Staff rosters are arranged in line with the assessed needs of residents.

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
Wednesday 13 April 2022	11:20hrs to 16:20hrs	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. Overall the inspector found that the provider was implementing a number of systems to protect people from risk associated with IPC; however, some improvements were required in relation to infection prevention and control, particularly relating to auditing, documentation and the use of personal protective equipment (PPE).

On arrival to the centre, the inspector was directed to a shed at the back of the house which contained a handwashing sink, a thermometer and PPE. There was a system to log staff and visitors' temperatures on arrival and every four hours after that. In addition, staff were completing a questionnaire prior to reporting for duty to confirm they did not have any signs or symptoms of infection.

There were no residents in the centre when the inspector first visited but they had the opportunity to meet two of the four resident living in the centre later in the day. Four residents were at day services in the morning and one resident was at an appointment, and three residents were in day services in the afternoon. The resident who was at an appointment returned to the centre for a short time and then went out for a drive with staff. During the time they were back in the centre they were aware that the inspector was visiting but chose not to engage with them.

The inspector had an opportunity to briefly speak with another resident when they returned from their first day in day services, which they said they really enjoyed. They had moved into the centre in 2022 and when asked by the inspector if they liked living in the centre they said 'I love it here'. They went on to speak about their life and the people who were important to them. They also told the inspector that the food was good and that they were happy and felt safe. They were aware who to speak to if they had any concerns. Once they were finished speaking with the inspector they went back to playing a game of pool with a staff member.

Overall, the inspector found that the centre was clean, warm, comfortable and designed and laid out to meet residents' needs. Residents had access to plenty of space to spend time with their family and friends, or to spend time alone if they so wish. Residents' bedrooms were personalised to suit their tastes and preferences. They had storage for their belongings and had their favourite items on display.

During the highest levels of restrictions relating to the COVID-19 pandemic residents were supported to go for walks locally and to go for drives with staff. Now that restrictions had lifted residents were back accessing activities they always enjoyed in

their local community, and to attending day services.

There was attractive outdoor spaces available for residents, should they wish to spend their time there. Areas for improvement to ensure residents' home was an attractive spaces for them to spend time in were being recognised, reported and followed up on by the provider.

Resident input was sought as part of the providers six monthly review of care and support in the centre. The feedback from residents was positive in relation to the garden, their bedroom, meals and choices and the arrangements for visitors. A number of residents said they enjoyed living in the centre and that staff were very good to them. They referred to their involvement in the day-to-day running of the centre including their input on menu development.

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 and overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

Overall, the provider had systems in place for the oversight of the delivery of safe and effective infections prevention and control practices in the centre. However, as previously mentioned some improvements were required in relation to auditing, documentation and the use of PPE.

For the most part the provider was implementing their systems and controls to keep residents and staff safe from the risk of infection. There had been no positive resident cases of COVID-19 and only a small number of positive staff cases reported during the pandemic.

The person in charge was responsible for the day-to-day management of this and another designated centre. They had commenced in this centre a number of weeks before the inspection and were in the process of developing and implementing systems to monitor care and support for residents. They were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy, safe and engaging in activities they enjoyed and found meaningful. They were also aware of some areas for improvement in relation to auditing of infection prevention and control, and to residents' risk assessments and isolation plans.

There was a risk register in place and the provider had implemented a number of risk assessments to support the implementation of measures to mitigate the risk of infection in the centre. Although these risk assessments were subject to regular

review, there were some that required further review, some of which were reviewed by the person in charge during the inspection.

The provider had identified an infection prevention and control champion in the centre. They were a member of the staff team who had completed some additional IPC training. There were policies, procedures and guidelines available to staff to ensure they were aware of their IPC roles and responsibilities in the centre. Staff had completed a number of IPC related trainings including hand hygiene, infection prevention and control, and food hygiene. IPC and COVID-19 were discussed regularly at staff meetings. Staff who spoke with the inspector knew who to go to if they had any concerns in relation to IPC.

There were no IPC specific audits being completed in the centre and the IPC self assessment which had been completed was not dated and there was no evidence of follow up or completion of actions on the quality improvement plan which had been developed from it and the areas identified for improvement, were the same ones found during the inspection. The provider had completed an annual and six monthly reviews in the centre but there limited evidence that IPC had been considered as part of these reviews.

There was a contingency plan in the centre which was a document with basic information in it which needed to be used in conjunction with a number of other documents to fully guide staff practice. Four of the six residents had an isolation plan in place for use in the event that there were suspected or confirmed cases of COVID-19. However, these documents were not found to contain sufficient detail. These were updated to contain more specific detail during the inspection. Two residents who had transitioned to the centre in 2022 did not have isolation plans in place but these were developed during the inspection.

The whole time equivalent numbers in the centre were below what was identified in the centres statement of purpose. The inspector acknowledges that there were sufficient numbers of staff on duty to support residents and meet the infection control needs of the centre. While the provider was recruiting to fill staff vacancies regular relief staff were covering the required shifts. There were deputising and on-call arrangements in place to ensure that support was available for residents and staff at all times.

Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was promoted and that they were kept safe from infection. Overall, there was evidence that a good quality and safe service was provided for residents and that they were being kept up-to-date in relation to IPC measures in the centre and the impact of these on their day-to-day lives. However, improvements to some processes and record keeping were required to ensure that they were fully protected from the risks

associated with infection.

Residents were being provided with information on IPC. For example, there was information available in an easy-to-read format and discussions were being held at residents' meeting about IPC, COVID-19 and how to keep safe. There was a residents observation and screening tool available should they become unwell. There was an area to record any symptoms they may have, which also highlighted which symptoms would required urgent medical review. Residents had a specific health management plan in place which was being reviewed and updated in line with their changing needs. However, consideration had not been given to antimicrobial stewardship particularly for one resident who was regularly prescribed antibiotics.

For the majority of the inspection staff were observed to adhere to standard precautions. However, on one occasion a staff was observed not to be wearing a face mask while supporting a resident in a company vehicle. This was not in line with the organisation's policy or national guidelines.

Overall, the centre was found to be clean and well maintained on the day of this unannounced inspection. A number of improvements has been made to the centre since the last inspection including the addition of an external laundry shed. There were some areas where improvements were required in relation the premises and these had been reported to maintenance department. There were adequate arrangements in place for cleaning and disinfecting the premises and there were protocols in place for additional cleaning in the event of any outbreak. There were also suitable arrangement in place for waste management, including clinical waste.

Regulation 27: Protection against infection

Overall the inspector found that 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 for them to be fully compliant.

The inspector identified a number of areas of good practice in relation to infection prevention and control and these were detailed in the main body of the report. However, some improvements were required to ensure that residents and staff were fully protected from the risks associated with infections. These included the following:

- There was an absence of infection prevention and control specific audits in the centre.
- The centre's IPC self assessment quality improvement plan required review and there were some outstanding actions.
- Some documentation in the centre was not fully completed, or required review to

ensure it was reflective of residents' care and support needs, and fully guiding staff practice. For example, risk assessments, and residents' isolation plans.

- Antimicrobial stewardship needed to be considered in the centre, specifically in relation to one residents regular use of antibiotic therapy.

- One staff was not wearing the a mask in line with the organisation's policy and public health advice while supporting a resident in the company vehicle.

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 Killeen Lodge OSV-0003380

Inspection ID: MON-0036332

Date of inspection: 13/04/2022

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. Nua's Quality Assurance Department shall conduct an unannounced audit in the Centre in regard regulation 27 and infection, prevention and control practices. This will be scheduled as part of the providers unannounced six-monthly inspection. 2. The Person in Charge (PIC) shall conduct a full review of the Centre's Infection, Prevention and Control (IPC) assessment in line with Nua's Covid-19 Risk Assessments and Standard Operating Procedures and ensure all outstanding actions are closed. Following the review the PIC shall update the Centre's quality improvement plan where required. 3. The Person in Charge (PIC) shall conduct a review of all individuals care and support needs associated to infection, prevention and control practices and where update individuals care plans and associated risk assessments and isolation plans where required. 4. The Person in Charge (PIC) shall implement the following actions in relation to antimicrobial resistance; <ol style="list-style-type: none"> 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. 5. The Person in Charge (PIC) shall conduct a full environmental review of the Centre in regard to Infection, Prevention and Control measures and ensure all areas identified during inspection requiring maintenance review are logged on system and are scheduled to be completed by Nua Healthcare's maintenance team. 	

6. The Person in Charge (PIC) will ensure that all staff adhere to the Centre's risk assessments and standard operating procedures in regard to infection, prevention and control practices with particular regard to the daily practice of wearing personal protective equipment (PPE) at all times.

7. The above points shall be discussed with the staff team by the PIC at the next monthly team meeting which will be held on 24/05/2022.

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	01/07/2022