



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

Issued by the Chief Inspector

Name of designated centre:	The Gables
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	15 December 2021
Centre ID:	OSV-0007771
Fieldwork ID:	MON-0034963

About the designated centre

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

The Gables is a designated centre situated in a rural setting, just outside a small town in Co. Meath. Residential care and support is provided for up to three children with disabilities both male and female aged between 11 to 18 years of age, with a wide range of support needs including Intellectual Disabilities and Autism Spectrum Disorder (ASD). The house is a single storey building which contains a kitchen, dining area/lounge, play room, office and accessible bathroom and one of the bedrooms. There are also two self contained apartments, each with a bedroom, bathroom and living areas including a kitchen. Children are supported 24 hours a day, seven days a week by a staff team consisting of a person in charge, deputy team leader, social care workers, assistant support workers and relief staff. The centre is located close to local amenities such as shops, schools, shopping centres, cinemas and there is transport provided for children to ensure they can access their local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 15 December 2021	10:00hrs to 18:30hrs	Julie Pryce	Lead
Wednesday 15 December 2021	10:00hrs to 18:30hrs	Christopher Regan- Rushe	Support

What residents told us and what inspectors observed

This was an unannounced inspection conducted in order to review the arrangements put in place by the provider in relation to infection prevention and control (IPC). The inspection took place over one day, and the inspectors spoke to staff and the person in charge, reviewed IPC practices and reviewed documentation. On this occasion the inspectors did not have the opportunity to speak to residents.

The centre is separated into three distinct living areas, the main section of the centre and two self-contained apartments. On arrival the inspectors entered the main living accommodation via a short corridor which also led to the apartments. The inspectors noted that, although there was limited signage at the entrance to the designated centre in relation to COVID-19, there was a station just inside the front door whereby staff go through a checklist with visitors including queries about close contacts or COVID symptoms, and take the temperature of visitors.

Following a brief introductory meeting with the person in charge, the inspectors conducted a 'walk around' of the entire centre. While the centre appeared at first sight to be visibly clean, there were various matters of cleanliness and hygiene which required attention, and which will be discussed later in this report.

Residents were engaged in their daily activities, and staff were allocated to support them in accordance with their needs. Later in the day staff were observed to be cleaning residents living areas, and it was clear that these tasks were undertaken once residents' routines and activities were underway.

Significant efforts had been made to ensure that residents understood the public health crisis and the impact it might have on them. Clear and detailed social stories had been developed to assist communication, and IPC issues were regularly discussed with residents at their keyworker conversations. Activities had been continued as far as possible, and contact with families and friends had been maintained whilst adhering to public health guidelines.

Overall, public health guidelines were observed to be followed for the most part, with exceptions that will be discussed later in the report. Significantly, during the time of the COVID-19 pandemic, while there was a record of some staff members having contracted the virus, there had been no outbreak amongst residents.

Capacity and capability

Overall the provider had ensured that management structure and strategies were in place to ensure oversight and monitoring of the care and support offered to

residents, although improvements were required in the monitoring of maintenance and cleaning tasks throughout the centre.

There was a clearly defined management structure, and a person in charge who was appropriately qualified and experienced. They were knowledgeable about the assessed needs of residents, and discussed at length the support needs relating to the COVID-19 crisis. They were aware of the current public health guidelines, and also the requirements should there be an outbreak of any infectious disease.

Various policies were in place including an IPC policy and an escalation policy. There was a detailed COVID risk management plan which had been regularly reviewed and kept up to date with the current public health guidelines. There was a centre specific risk assessment which detailed contingency planning in the event of an outbreak of an infectious disease. Individual risk assessments were in place for each resident. There was a guideline in relation to the management of visitors which reflected current public health guidelines, and was observed to be in practice. The provider had arranged for an IPC self assessment to be conducted, and an associated quality improvement plan had been developed. Any required actions identified in this plan had been implemented.

Audits had been undertaken of practices and of cleaning and hygiene, however not all the findings were consistent with the findings of the inspection. For example, there was reference to there being no damaged flooring, and reference to an inventory of safety data sheets. Both these items were found to be compliant in the audits, but inspectors found some damaged flooring and the data sheets were not in place at the time of the inspection.

Some maintenance issues were identified during the course of the inspection which might pose IPC risks, including damaged surfaces, wall coverings and damaged flooring, but no maintenance requests had been made to ensure that these issues were rectified.

Regular meetings were held with staff, and IPC issues were an item for discussion at these meetings. There was an established COVID lead and COVID response team, and this team met three times per week to ensure oversight of management of the current public health crisis.

Cleaning checklists had been introduced to monitor the completion of daily cleaning tasks however, these were sporadically completed and did not provide a clear picture, and meant that some of the outstanding cleaning tasks discussed in the next part of the report were not being monitored effectively.

Further documentation was reviewed by the inspectors, including a chemical inventory. This included safety data sheets for some of the chemicals in use in the centre, but were missing for several others. This information was not available in the centre.

Various checks were in place, including a daily COVID checklist for staff, including temperatures and status, and a questionnaire that visitors were required to complete prior to a visit to the centre. Completed questionnaires were reviewed by

the inspectors and found to be comprehensive.

Quality and safety

Overall residents were receiving appropriate care and support. The centre was being operated in a manner that recognised the needs of residents and their families, and most required measures were in place to ensure effective infection prevention and control.

There was effective communication with residents and their families, and various steps had been taken to ensure that residents received information, and that their voices were heard. Detailed pictorial social stories had been developed to assist residents in understanding the current public health crisis and the effects that this might have on them. The issues were regularly discussed with residents, and they were supported in any required adaptations. Each resident's personal plan had been updated and reviewed to reflect the changing situation, although the plans did not include detailed intimate care plans, and some residents needed significant support in this area.

Staff were knowledgeable in relation to the individual support needs of residents, and could either describe the steps they would take to effectively manage various infection control issues, or knew where to go to get the relevant information. Staff were seen to be observing public health guidelines for the most part, although staff were seen on two occasions wearing masks incorrectly. This was rectified immediately when pointed out by the inspectors.

Appropriate IPC training had been made available to staff, and all staff were up to date in this training. Staff were all aware of standard precautions.

The premises were laid out to meet the needs of residents, and together with the main living area which accommodated one resident, there were two self-contained apartments. The premises were therefore ideally laid out to accommodate any of the residents self-isolating, should that be required. Each living area had an external entrance as well as the access through the main centre. Hospital passports which included all the required information should a resident be transferred to acute services had been developed and reviewed.

Some improvements were required in cleaning and maintenance of the centre. While it was clear that general cleaning was undertaken regularly, inspectors did not observe any cleaning of high touch areas during the course of the inspection, and found that there were no records of this type of cleaning being undertaken. There was also no record of the cleaning of vehicles between drivers.

A recording system was in place in relation to the daily cleaning tasks however, the checklists were not completed consistently, and the inspectors observed various cleaning tasks which were not completed throughout the centre, some of which had

been outstanding for some time. Some of the internal windows and sill, soft furnishings, work tops and walls required attention.

Cleaning equipment and materials were readily available, and there was a colour coding system for brushes and mops. However, some of these items were stored inappropriately outside the building.

Overall, the provider had put in place appropriate processes and strategies, and where gaps in the implementation of national standards for infection prevention and control were identified in the course of the inspection, these were not critical factors which might lead to poor outcomes for residents.

Regulation 27: Protection against infection

The provider had introduced a number of systems and processes which supported and guided good infection prevention and control practice. Staff had received training and were knowledgeable in relation to infection prevention and control measures and the risks associated with any outbreak in the centre. Residents appeared to be well-supported and living in a caring and homely environment.

However, the inspectors found various areas where cleaning and maintenance practices required improvement, and which had not been identified by the provider, including:

- checklists used to provide assurance of routine and daily cleaning of the centre were not being completed consistently
- areas of the centre that were not clean, including: some windows had mouth and nostril markings, window sills and corners of work tops had grime and debris, walls and particularly padding along walls in the play area were unclean and damaged and floor coverings in one of the bathrooms required repair
- some of the mops and brushes were stored outside the centre in an unsheltered position
- routine cleaning of high touch areas was not in evidence
- safety data sheets were not available for all the chemical products in use in the centre
- two of the self-closing bins in the centre did not close, and required touch closing
- audits undertaken by the provider had not identified outstanding issues and required maintenance requests had not been made.

Improvements were required in some of the documentation including the following:

- while staff had received training in intimate care, there were no individual intimate care plans for residents
- there was no signage indicating the requirement for social distancing.

As a result of these gaps, the provider had not fully demonstrated that they were ensuring they had implemented the national standards for infection prevention and control in accordance with regulation 27.

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 The Gables OSV-0007771

Inspection ID: MON-0034963

Date of inspection: 15/12/2021

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) Cleaning SOPs template has undergone a full review, these are to be approved at the Quality and Safety committee meeting. [27/01/2022] 2) The PIC conducts twice daily checks of the premises and any actions immediately any hygiene, infection control or maintenance tasks requiring completion [20/12/2021]. 3) Cleaning SOPs are reviewed daily by the PIC or DTL, subsequent actions are taken immediately where required. [20/12/2021] 4) When purchased, PIC to ensure that all chemicals have corresponding safety data sheets [20/12/2021] 5) PIC ensures that self-closing pedal bins are operational during twice daily checks on the premise. [20/12/2021] 6) Quality assurance officers to review maintenance records to ensure that all required works are logged while conducting audits. [18/01/2022] 7) Intimate care plans are in place and guide staff on the infection control precautions in place. [20/12/2021] 8) Signage where appropriate has been erected relating to social distancing. [20/12/2021] 	

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	27/01/2022