



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

## Issued by the Chief Inspector

Name of designated centre:	Gainevale House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	14 January 2022
Centre ID:	OSV-0008063
Fieldwork ID:	MON-0035678

## 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 with disabilities. The service is located in Co. Westmeath in close proximity to the nearest small town. The centre is staffed full time including two waking night staff. The person in charge is supported by two team leaders. The centre is a large detached house on its own grounds. Each resident has their own bedroom which are personalised to their individual taste and preference. There is a spacious and functional outside area with parking for multiple vehicles. There are various communal areas, and adequate laundry facilities are available.

**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
Friday 14 January 2022	09:00hrs to 17:00hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements the provider had put in place in relation to infection prevention and control. During the course of the inspection the inspector met and spoke with residents and staff and had an opportunity to observe the everyday lives of residents in the centre.

This centre was homely and well appointed, and it was evident that all efforts had been made to ensure a safe and person centred environment for the residents who lived there, together with adhering to public health guidelines to ensure that residents were protected in relation to the current public health risk.

It should be noted that there has been no outbreak of COVID-19 in this centre, and that overall strategies put in place to safeguard residents have been effective, and also that learning had been taken from a recent inspection in another designated centre of the provider, and that various strategies had been recently implemented as a result.

On arrival at the centre the inspector observed that infection control practices were in place. There were signs on the door relating to social distancing, hand hygiene facilities were immediately available and visitors were required to complete a questionnaire relating to their COVID-19 status and the expected practices.

The inspector conducted a 'walk around' of the centre. The centre was visibly clean, and entrances and exits had been identified for use in the event of an outbreak of an infectious disease. Hand hygiene stations were readily available, and staff were seen to be adhering to the current public health guidelines.

Whilst all five residents were present during the inspection, some people chose not to engage with the inspector. The inspector met or spent some time with four of the residents, some of whom had a chat with the inspector. Some residents told the inspector that they understood the current public health situation, and had been helped by their staff with some of the restrictions that were in place.

Some people described activities that had been introduced in place of their normal activities, and appeared to be satisfied with the manner in which restrictions had been managed. Residents were observed to be comfortable in their home, and to have staff support in accordance with their needs and preferences.

Overall the centre had effective infection prevention control measures in place, and had taken steps to ensure the impact of any restrictions on residents had been minimal.

## Capacity and capability

There was an established management structure in place which identified the lines of accountability. There was a clearly identified team with responsibility for managing the COVID-19 pandemic including an identified lead.

Policies and procedures had been either developed or revised in accordance with current best practice. These included policies and procedures relating to Personal Protective Equipment (PPE), hand hygiene, decontamination, laundry and waste disposal.

There was a contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak of an infectious disease. A 'centre specific risk assessment' had been completed by the provider which included guidance in relation to all expected events in the event of an outbreak of an infectious disease. This document covered deputising arrangements in the event of a shortfall in management cover, a shortfall in the provision of PPE, the management of staffing and plans for isolation if required.

Staffing numbers were adequate to meet the needs of residents, including the requirement to ensure that residents were facilitated to have a meaningful day within public health guidelines. Staff training was up to date and included the required training to ensure adherence to public health guidelines.

Staff had been in receipt of all mandatory training, including training relating to the current public health care situation. Training records were reviewed by the inspector and were found to be current, including training in relation to the use of PPE, breaking the chain of infection and hand hygiene.

Staff supervisions were up to date, and regular staff meetings were undertaken. Staff meetings included infection control as a standing item. A handover at each change of shift was maintained and this included reference to COVID-19 and the status of residents.

The inspector had a discussion with those members of staff on duty on the day of the inspection, and all staff members could describe the current guidelines, and told the inspector the additional supports that had been put in place in order to maximise the quality of life of residents.

## Quality and safety

There was a personal plan in place for each resident which was based on an assessment of need, and had been regularly reviewed. Personal plans for residents

included guidance as to the steps to be taken for each individual in the event of an outbreak of an infectious disease, or in the event of a resident being a suspected or confirmed case of COVID-19.

Each resident had a 'hospital passport' which outlined their individual needs in the event of a hospital admission. These included sufficient detail as to inform receiving healthcare personnel about the individual needs of each resident, and had been updated to include risk assessment in relation to COVID-19

Communication with residents had been identified as a priority, and 'easy read' documents had been prepared. Discussions with residents were recorded in their personal plans, and relatives were included in these conversations.

Cleaning had been identified as a priority by the provider, and there were multiple examples as to how this had been implemented. Regular cleaning records were maintained, and the inspector reviewed records of deep cleaning which was taking place on a weekly basis.

There was clear evidence that each resident's room was cleaned and sanitised regularly. The person in charge had introduced a cleaning checklist which was displayed on each door. All staff were observed to be adhering to public health guidelines. During the course of the inspection the inspector observed the regular cleaning of touch points, and a checklist was maintained to ensure oversight of this cleaning.

An appropriate area had been identified as a donning and doffing area if this should be required in the event of an outbreak of an infectious disease.

## Regulation 27: Protection against infection

Overall the provider had put in place systems and processes that were consistent with the national guidance and standards and has supported staff to deliver safe care and maintain a good level of infection prevention and control practice.

Strategies were in place for the management of an outbreak of an infectious disease, and practices to prevent any outbreak were evident. Residents had been supported to continue to have a meaningful day throughout the public health crisis, and had been supported to understand any restrictions which had been required.

Judgment: 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	Compliant