



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

Issued by the Chief Inspector

Name of designated centre:	St Francis Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	10 August 2022
Centre ID:	OSV-0001774
Fieldwork ID:	MON-0037603

About the designated centre

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

St Francis Residential Service is a designated centre which supports residents with a low to moderate intellectual disability. The centre can also support residents with mental health needs and residents who require some medical interventions. A social care model of care is provided in the centre and residents are supported by both social care workers and social care attendants. Additional staffing is deployed during the week day evenings to facilitate residents to engage in community activities and a sleep in arrangement of one staff member is used to support residents during night time hours.

The centre is a large sized two storey building which is located with walking distance of a large town. Each resident has their own bedroom and there is ample shared living arrangements for residents to have visitors in private, if they so wished. There is also a large patio area for residents to enjoy and there is transport available for residents to access the community.

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 10 August 2022	13:15hrs to 17:35hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's arrangements for infection prevention and control in the centre. As part of this inspection, the inspector met the person in charge, staff on duty, and residents who lived in the centre. The inspector observed the care and support interactions between residents and staff, and also examined a range of infection control processes in the centre and how these impacted on the residents.

On the day of inspection two residents were out for an outing with staff, one was at day service and two were spending time at their family homes. In the afternoon, the inspector met with three residents who lived in the centre when they returned from their activities, two of whom talked to the inspector about living in the centre. These residents told the inspector enjoyed living in the centre and liked the staff. They also talked about an outing which they had enjoyed during the day. As the weather was fine, they had gone to a scenic area where they had had a picnic and a walk in the area.

It was evident that residents had busy lives and interesting lives, and were doing things that they enjoyed. They told the inspector about the activities that had been happening during the summer. They had recently been away to a large adventure and amusement park with staff. They talked about what they did there and showed pictures of themselves enjoying the roller coaster ride. They also talked about and showed photos of a garden party which had taken place at the centre earlier in the summer. This had traditionally been an annual event which had ceased during the COVID-19 pandemic, but had been re-introduced this year. Residents had invited their families and friends and said that there had been food and drink, music, and speeches. They also had a red carpet entrance to welcome their guests. Residents also spoke of a planned holiday to the coast in the coming weeks which they were all looking forward to.

Residents talked about other ongoing activities that they enjoyed including going to music events and concerts, shopping, going out for meals, having a drink at the pub, and frequently taking breaks at their family homes. Residents told the inspector about a club where they enjoyed dancing, music, bingo and outings such as meals out in hotels. Residents were also involved in household tasks such as light housework, laundry and food preparation.

Although one resident did not speak with the inspector, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Throughout the inspection, staff were observed spending time with residents, interacting warmly and having fun with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and providing meals and refreshments to suit their needs and preferences.

The centre suited the needs of residents and provided them with a safe and

comfortable living environment. The centre consisted of one house and could provide a full-time residential service for up to five people. It was located in a residential area on the edge of a busy town and had good access to a wide range of facilities and amenities. Residents had adequate communal and private space where they could carry out activities that they enjoyed. There was adequate communal space, a well-equipped kitchen and dining area and laundry facilities. All residents had their own bedrooms and there was a combination of shared and en suite bathroom facilities. The centre was comfortable, however, some areas required repair and maintenance to ensure that all surfaces could be effectively cleaned and to reduce any risk of spread of infection. Improvement to some cleaning processes were also required.

Residents told the inspector that if they had any complaints or concerns, they would tell staff and it would be addressed. Residents said that they trusted the staff and they knew who was the person in charge. They also said that they enjoyed meals in the centre and that food was bought and prepared in line with their preferences. On the day of inspection, residents had had a picnic out during the day and a freshly cooked meal of their choice was prepared in the evening. As the evening was so fine, residents agreed with staff that they would change from the menu plan and that they would prefer to have a meal of burgers and chips outside in the garden. Residents told the inspector that they enjoyed their meals and that the food was to their liking.

From speaking with residents and staff and reviewing documentation, it was clear that the person in charge and staff had helped residents to understand the implications of the COVID-19 pandemic. A range of information relating to infection control and COVID-19 had been made available to residents in a format that suited their needs. Residents who spoke with the inspector had an understanding of infection control and the arrangements that were in place to keep them safe. Two residents told the inspector that they had been offered the COVID-19 vaccination, that reasons for the vaccination had been explained to them, and that they had a choice around whether or not to be vaccinated.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day service and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

While this inspection identified that infection prevention and control practices were in place, there were some areas for improvement, which will be discussed in the next sections of this report.

Capacity and capability

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Overall, there was evidence that a good quality and safe service was provided to residents. However, improvements to some auditing and monitoring processes in the centre were required, to ensure that an effective level of infection control management would be maintained. During the inspection it was found that, although some infection prevention and control processes were well managed, others required improvement.

There was a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge was frequently present in the centre and was responsible for the oversight of infection control management there. It was clear that the person in charge knew the residents and their support needs. The person in charge also worked closely with the wider management team.

The provider had developed a contingency plan to reduce the risk of COVID-19 entering the centre and for the management of the infection should it occur. While the contingency plan was generally informative, some information such as required isolation arrangements for a resident with COVID-19 had not been updated to reflect current national guidance. The person in charge explained a clear contingency plan for the staffing of the centre in the event of an infection related emergency, although this was not clearly explained in the centre's contingency plan.

The centre was resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable transport for residents to use, and adequate staffing levels to support residents. The centre was also resourced with many physical facilities to reduce the risk of spread of infection. These included hand sanitising gels throughout the buildings, soap dispensers at wash hand basins, supplies of disposable gloves and aprons, cleaning materials, and thermometers for checking temperatures. There was a plentiful supply of face masks, which staff were wearing at all times during the inspection. A system for stock take checks of masks and other personal protective equipment (PPE) had recently been developed and was being introduced on the day of inspection. Although PPE checks had not been recorded to date, there was no concern about the current supply in stock.

The infection control and COVID-19 documentation viewed during the inspection was generally informative and up to date, however, some was not sufficient to guide practice and required review and update. Improvement was required to the guidance on management of infected laundry, cleaning processes and use of cleaning agents, as there was insufficient information available to guide staff on these processes.

Staff who worked in the centre had received training in various aspects of infection control, such as breaking the chain of infection, hand hygiene and donning and doffing PPE. Training in food hygiene had also been made available to some staff. However, training records indicated that a small number of staff had not attended training in breaking the chain of infection. A range of policies and guidance documents were available to inform staff, although the infection control guidance required review to ensure that cleaning and laundry requirements were clearly

stated.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. However, these systems were not fully effective and required improvement. Unannounced audits were being carried out twice each year on behalf of the provider. Records of these audits showed a good level of compliance, although infection control had not been covered in the most recent unannounced audit in March 2022. Audits being carried out in the centre by staff included monthly audits of infection control. While both in-house audits and provider led audits were being carried out within the required time frames and were recorded, neither identified deficits in cleaning processes.

The risk register had been updated to include risks associated with COVID-19.

Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Overall, there was evidence that a good quality and safe service was provided to residents. However, improvements to some surfaces, maintenance and cleaning processes in the centre were required, to ensure that effective cleaning could consistently be carried out.

The centre was comprised of a two-storey house in a residential area close to a busy rural town. The house was comfortable, and was decorated and furnished in a manner that suited the needs and preferences of the people who lived there. However, some of the surfaces in the centre had become defective and worn with age and therefore, were difficult to clean. For example, some paintwork and surfaces throughout the building had become damaged through wear and tear and required upgrade. The person in charge had recognise this and had commenced planning for the upgrade of the building. The person in charge discussed the works that had been confirmed and those which were still in the planning stage. She further explained that professional advice had been sought on how best to maximise the potential of the centre.

During a walk around the centre, the inspector noted that the centre was comfortable and spacious and that residents had ample shared and private space. There was a well equipped kitchen and dining area and a secure garden without outdoor furniture at the rear of the house. There was a washing machine, tumble drier and outdoor clothes line available to residents for personal laundry.

Cleaning schedules had been developed to guide staff and the provider had specified which areas required cleaning both daily and at night in addition to enhanced cleaning of high risk areas. Although there were detailed cleaning plans in

place, improvement to some aspects of cleaning management was required. Staff prioritised the cleaning and sanitising of higher risk areas which were being touched frequently, such as door handles, light switches and controls on electrical and cooking equipment and appliances. Staff who spoke with the inspector knew the cleaning and sanitising routines, and they explained the colour coded cleaning system which was in use in the centre. Records showed, and staff confirmed, that this process was carried out frequently throughout the day. One resident also liked to be involved in this process, understood the required procedure, and enjoyed this responsibility. However, some aspects of the cleaning process required improvement. While the central parts of the centre were being cleaned and sanitised daily, some areas, such as skirting boards, flooring close to wall joints and in corners, the extractor filters in the kitchen, and some surfaces in the main bathroom required were not being thoroughly cleaned. The process for verifying cleaning tasks in the centre required review as cleaning records stated that areas that were not found to be visibly clean during the inspection, were being cleaned daily. Furthermore, some cleaning records were not being signed to verify if the tasks had been completed.

Residents were supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. Staff were aware of any indicators of infection in residents and kept this under review, in addition to daily monitoring of residents' temperatures. Residents were supported to access vaccination programmes if they chose to, and to make informed decisions when offered COVID-19 vaccines.

Arrangements were in place for residents to have visitors in the centre as they wished, in line with latest public health guidance. Residents were also supported and encouraged and supported to make home visits and to have extended stays with their families.

Staff were mindful of the importance of sharing information about residents' infection status in the event of any resident transferring from the centre. The requirement to share relevant information was clearly stated in the centre's transfer policy. Up-to-date information was being recorded in hospital passports which had been developed for each resident, and staff explained that these were updated with relevant, up-to-date information as required. Pre-home visit assessments were also carried out before residents went to visit or spend time with loved ones to ensure that all involved are kept safe from the risk of infection.

Regulation 27: Protection against infection

Overall, there were many measures in place to manage the risk of infection in the centre, both on an ongoing basis and in relation to COVID-19. These systems were in line with national guidance. However, some areas required improvement to ensure that all parts of the centre would be maintained in a clean and hygienic

condition at all times. The auditing systems also required strengthening to ensure that the procedures were being implemented effectively.

The areas where improvement was required included:

- repair and maintenance was required to some areas of the centre to ensure that surfaces could be effectively cleaned. For example, some paintwork and surfaces throughout the building were rusted, chipped, or damaged due to wear and tear
- cleaning of floors and skirting boards were not being suitably completed in line with daily schedule and there was a build up dust and grime in some areas
- the filters in the extractor fan in the kitchen required cleaning
- in the utility room, the edges of the freezer lid were defective and not easily cleanable, and the floor covering in places was not clean
- in the main bathroom the radiator was rusted, there was dust on the timber casing around plumbing work
- the cleaning process required review to ensure that completed tasks were being recorded accurately
- infection control audits did not identify deficits in cleaning processes
- the provider's unannounced audit did not identify deficits in cleaning processes
- PPE balance checks were not being recorded
- there was limited information available to guide staff on the management of potentially infected laundry
- there was limited information available to guide staff on cleaning processes and use of cleaning agents
- records indicated that some staff had not completed some required infection control training.

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 St Francis Residential Service OSV-0001774

Inspection ID: MON-0037603

Date of inspection: 10/08/2022

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> <p>IPC audit tool has been updated to include all aspects of infection control as outlined in the report. Discussions at team meetings, supervision together with reviewing time allocated to carrying out IPC tasks underway. Information is now in place in terms of management of infected laundry and a guide is in place on cleaning processes and use of cleaning agents. Staff have now completed the required infection control training and records are in place to show this. There is an overall plan for the upgrade of the interior of the service which will address repair and maintenance of the centre.</p>	

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	31/07/2023