



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

Issued by the Chief Inspector

Name of designated centre:	Ash House
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	31 January 2023
Centre ID:	OSV-0005306
Fieldwork ID:	MON-0039117

About the designated centre

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

This centre provides residential care and support for two adults. The centre comprises a single-storey detached house on a campus-based setting belonging to St John of God Services in County Louth. The premises comprises a kitchen/dining area, a sitting room that looks onto a conservatory, two bedrooms, a staff office, a large bathroom, a toilet, a laundry room, a store room and another small communal room. Each of the residents have their own bedroom which are personalised to their own taste. Outside there is a small garden area that has privacy fences surrounding it. A bus is also available for residents to visit the local community. The staff skill-mix includes healthcare assistants and one nurse. There are two staff on duty during the day and one waking night staff on duty. There is an on call arrangement in place 24/7 where staff can access advice/support and additional staff if required. The person in charge is responsible for two other designated centres under this provider and is supported in their role by a clinic nurse manager who is also responsible for the care being provided in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 31 January 2023	11:00hrs to 15:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the arrangements in place for the management of infection prevention and control (IPC) had improved since the last inspection, however improvements were still required to the premises, the governance and management arrangements and the records stored in the centre.

This was an unannounced inspection to follow up on an inspection conducted in the centre in November 2022 to monitor and inspect the arrangements the provider had in place for the management of IPC in the centre. The inspection was completed over one day and took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

The inspector met and spoke with staff who were on duty throughout the course of the inspection, and met both of the residents who lived here. The inspector observed that residents were treated with dignity and respect at all times.

On arrival to the centre, the inspector met a staff member who went through some questions about IPC. The staff member was observed to be wearing a mask. One resident was enjoying a lie in and the other resident had gone for a walk with the other staff member on duty.

This resident soon returned to the centre, as they had changed their mind about going for a coffee and opted to have one in the centre instead. The resident was observed to be happy in the presence of staff and spoke for a while with the inspector. The resident said they were happy living there and they were enjoying listening to music and talking about their family. Later on the day the resident was observed watering the plants in the centre and putting away laundry; these were two new goals they had set to help increase their independent living skills.

The other resident was supported by staff to go out for a walk when they got up; and again appeared relaxed with the staff member.

Since the last inspection considerable improvements had been made to the centre. The provider had employed staff to conduct a deep clean of the centre. The entrance hall was clean, organised and more welcoming. A new kitchen table had been purchased and some of the walls had been wallpapered and painted which made it more homely looking. New kitchen cupboards had been installed and a new dishwasher and cooker had been purchased.

Residents bedrooms were more homely and decorated with some of their personal possessions and new blinds had been purchased for all the windows to ensure residents privacy while in their bedrooms.

The bathrooms were clean and tidy; a new vanity unit had been installed in one bathroom, and a new unit had been placed in the other bathroom for storage. Some

ornaments had been added to make the environment less clinical looking.

While the laundry room was for the most part clean, some mould was observed on the walls and some of the paint was peeling which may impact on IPC in the centre. The staff cleaned this when it was pointed out to them. However, it needed to be fully reviewed to establish the possible cause, so as it did not occur again.

The floors in the kitchen and some areas of the centre were industrial looking and did not create a homely feel. It had been highlighted at the last inspection that some of the floors were dirty. As stated the provider had completed a deep clean of the centre, following this it had been established that due to the materials in the floor covering it was difficult to maintain and may have an impact on staffs ability to clean. The registered provider had a plan in place to change the flooring in some areas of the centre at the time of this inspection to address this going forward.

The inspector reviewed some of the residents plans since the last inspection and found that they had spent time with family and went shopping for Christmas. Staff were also developing new goals for residents to engage in, to enable them to lead a more meaningful life. Both of the residents are due to move to a new home in the community in the coming months and staff were bringing them to have coffee or drive around the location of their new home so as the residents would be familiar with their new community.

The next two sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

Overall, the inspector found that a number of improvements had been made to the arrangements in place to manage IPC in the centre since the last inspection. However; further improvements were required to the governance and management arrangements in order to ensure standards were maintained, practices were fully audited and that there was clear lines of accountability to ensure IPC measures were maintained. Some issues with the premises still required attention also.

The person in charge was in charge of two other designated centres under this provider on the same campus. They are supported in their role by a clinic nurse manager. The person in charge reports to a director of care and support who is also a person participating in the management of the centre. This arrangement was not effective at the last inspection. A senior staff nurse had been appointed protected time in the centre to oversee the care and support of the residents since the last inspection, however; the inspector was not assured that this was sufficient. For example; the registered provider had completed an audit of residents plans in November 2022 which had identified a number of improvements. The inspector found that some of these actions were still in progress and had not been completed

at the time of this inspection. Some of the records maintained needed to be reviewed and updated to reflect actual practices in the centre. And in some instances records that should have been in place were not. For example; the first aid box was required to be checked every week, yet there were no records to verify that this was completed. The inspector observed that the first aid box was poorly organised and was not assured that this was being completed regularly.

The person in charge and the clinic nurse manager were also required to spend a large amount of their time in the other centres they had responsibility for on the campus and as a result the management of governance records required improvements. For example; the person in charge, clinic nurse manager and the person participating in the management of the centre met to review actions from audits conducted. These meetings were not formally recorded and therefore it was not clear who was accountable for agreed actions or how some actions which were recorded as 'in progress' on the plan were progressing if at all.

Staff meetings were held in the centre. Following the last inspection a full staff meeting had taken to place in November 2022 to review and discuss hygiene, cleaning protocols, overstocking of items and IPC and the importance of accurate record keeping. However, the management of the records in relation to staff meetings was poor. For example; the minutes of this staff meeting were not available in the centre until the day of the inspection. In addition, the provider had indicated in their compliance plan that the person in charge and the clinic nurse manager would conduct weekly spot checks against the hygiene records. While there was evidence of this, it was poorly recorded and where issues had been identified they had not been included in the quality enhancement plan for the centre.

A supervision schedule was in place for staff for the coming year. This was due to begin in February 2023.

A review of the staff rota showed that two staff were on duty during the day and one staff at night. These staffing levels had been consistently maintained since the last inspection.

Staff had been provided with infection control training including hand hygiene, donning and doffing of personal protective equipment (PPE) and standard infection control precautions. Since the last inspection a clinic nurse manager had conducted a re-education programme with all staff on IPC and the providers decontamination policy.

Quality and safety

Overall, the inspector observed that while the registered provider had instigated changes to the premises and cleaning schedules in the centre since the last inspection, some areas of the premises required attention and some of the records

in relation to IPC needed to be reviewed.

The premises were for the most part clean and the registered provider had employed staff to complete a full deep clean of the centre. Since then the laundry room had been painted and cleaned, however a small amount of mould had accumulated in two areas and some of the paint was peeling in this room. This needed to be reviewed to ensure that the cause of the mould was fully reviewed. As discussed earlier in the report some of the floor coverings needed to be replaced, which the registered provider had identified through their own audits and reviews.

At the last inspection some of the ceilings were dirty and a contractor was now employed on a two week basis to ensure that these were cleaned. A new cleaning device had also been purchased for staff to clean the ceilings in the meantime.

Residents had personal plans in place which included an assessment of need. Isolation plans were in place to support residents and staff were aware of how to support residents should they not isolate in their bedroom to prevent cross contamination. There was a system in place to monitor residents for any changes in their presentation and staff were aware of the procedures to follow. The registered provider had completed an audit of residents plans in November 2022 which had identified a number of improvements. The inspector found that some of these actions were still in progress and had not been completed at the time of this inspection.

There was adequate supplies of PPE stored in the centre for routine daily use and since the last inspection they were stored in a clean organised manner. Staff spoken with were aware of the procedures to follow for some IPC risks. For example; a staff member was able to explain the procedure to follow to manage spills in the centre.

Colour coded mops were in place and since the last inspection a new storage unit had been purchased to store the mop buckets. The staff were clear about when the mop heads were to be washed and what colour mop heads were used to clean specific areas in the house.

Improvements had been made to the management of laundry in the centre and there was now a cleaning schedule in place to clean the washing machine. Notwithstanding; as discussed earlier some records were not maintained in the centre. For example; cleaning certain equipment in the centre such as wheelchairs, first aid kits and some medical equipment.

There were sufficient hand sanitising stations and hand washing facilities in the centre. Staff had been provided with training in this. A shift lead was appointed each day who went through a checklist every morning with staff to ensure that IPC measures were being followed. However, the inspector found that this checklist had not been updated to reflect the current practices in the centre. For example; it was recorded that staff checked their temperature each morning; yet this was no longer required to be completed.

Regulation 27: Protection against infection

The inspector found that some of the records stored in the centre required review. For example; there was no cleaning records for the first aid box, wheelchairs or the cleaning of some equipment.

One of the records needed to be updated to reflect the current practices in the centre. For example; staff temperatures were not checked every day.

The mould and paint peeling in the laundry room needed to be reviewed to establish the possible cause of this.

Some of the flooring in the centre needed to be replaced as identified by the registered provider themselves.

The governance and management structures in the centre continued to require improvements as the person in charge and clinic nurse manager were regularly engaged in the two other designated centres they were involved with.

The management of records needed to be reviewed to ensure that; audits were effectively recorded, there was evidence of who was responsible for ensuring that actions were completed and that the quality enhancement plans were updated to reflect how actions were being addressed.

The registered provider had completed an audit of residents plans in November 2022 which had identified a number of improvements. The inspector found that some of these actions were still in progress and had not been completed at the time of this inspection

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 Ash House OSV-0005306

Inspection ID: MON-0039117

Date of inspection: 31/01/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A new weekly cleaning schedule has been put in place for the First Aid box, Wheelchairs, & BP Monitor and any other medical equipment this schedule will be reviewed weekly by PIC. Completed 03.02.23</p> <p>The Covid records have been updated in to reflect the current practice in the Designated Centre. Completed 01.02.23</p> <p>Mold in the laundry room was due to poor ventilation has been removed and the area has been repainted. Staff will ensure there is adequate ventilation in the laundry room when tumble dryer is in use. Completed 10.02.23</p> <p>The Floor covering in the kitchen area will be replaced on 15.03.23.</p> <p>The designated centre is managed and supervised by a PIC who has also responsibility for two other designated centres on campus until a recruitment process is completed to remove this designated centre from their remit. This will be completed by 31.03.23. The PIC is supported presently by a house manager who is 1 day supernumerary in the designated centre and an enhanced staff nurse who has 6 hours supernumerary in the designated centre. The PIC and house manager meet with the PPIM weekly</p> <p>All actions identified from audits in the Designated Centre are uploaded to the QEP, with clear identification of who is responsible for each action. All actions will be complete on 16.03.23</p> <p>The outstanding action identified in the residents’ Personal plans have now been completed 10.03.23. A circle of support meeting outstanding is scheduled for 12.03.23 Staff meeting minutes will be typed and available in the designated centre for all staff to review following the staff meeting. Completed 03.02.23</p>	

Staff Supervision has commenced in the designated centre for 2023. 06.02.23

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	31/03/2023