



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

Issued by the Chief Inspector

Name of designated centre:	Cois Ferraige
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	14 February 2023
Centre ID:	OSV-0005649
Fieldwork ID:	MON-0039118

About the designated centre

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

This centre is a large detached, four bedroom dormer bungalow in Co. Louth. The centre provides residential care to four male adults some of whom require support around their emotional and health care needs. It is in close proximity to a number of villages and towns where residents have access to a range of community based facilities such as shops, restaurants, hotels, pubs and parks. Accommodation comprises of four large single bedrooms. Two bathrooms, one on the first floor and one on the ground floor. There is a separate utility room, a spacious well equipped kitchen inclusive of a small dining area, a separate spacious dining room and a large sitting room. The house also has gardens to the back and front of the property. The staff compliment comprises of nurses and healthcare assistants. There is one waking night staff on duty and two staff on duty during the day when all residents are in the centre. The person in charge is responsible for three other designated centre under this provider. They are supported in their role by a clinic nurse manager for 12.5 hours a week to assure effective oversight of this centre.

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
Tuesday 14 February 2023	10:30hrs to 15:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out to follow up on an inspection conducted in the centre in September 2022. The purpose of the inspection was to monitor and inspect the arrangements the provider had in place for the management of infection prevention and control (IPC). 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.

Overall, the arrangements in place for the management of IPC had improved since the last inspection, however, improvements were still required to the premises, staff training and records stored in the centre.

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.

The inspector met and spoke with staff who were on duty throughout the course of the inspection, and also met two of the residents who lived here. One of the residents was attending a day service. One resident showed the inspector their bedroom which was decorated in line with their interests and tastes. A considerable amount of renovations works were due to be completed in the centre in the coming weeks which included upgrading this resident's bedroom floor and paintwork. Another resident's bedroom was due to be redecorated and a staff member showed the inspector some sensory items that had been purchased to hang up when the redecoration was complete.

The rest of the premises was generally clean, and the provider had a plan in place to complete a significant amount of upgrades to the property in the next few weeks. This is discussed in more detail under Section 2 of this report. Since the last inspection new furniture had been purchased for the sitting room, the utility room had been redesigned and the storage of personal protective equipment (PPE) had improved. The carpet on the stairs had also been cleaned.

The staff were observed to treat residents with dignity and respect. One of the residents liked to watch the staff preparing lunch and was enjoying doing this on the day of the inspection. The other resident was enjoying their day off from the day service they attended and was relaxing in their bedroom and looking through their large collection of farming magazines.

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 had developed goals for residents to engage in, to enable them to lead a more meaningful life. These goals were in line with the residents' preferences and interests. For example; one resident had a goal in place to increase the number of

days they attended a day service and this was now in place. The resident also had a goal set to go on a holiday this year.

Residents meetings were held every week and from a sample of records viewed, residents were kept informed about things that were happening in the centre. For example; residents were informed when maintenance work was due to be completed, or about the new assisted decision making act that could support them with decisions if required. The inspector saw a picture displayed on the notice board of a person employed in the organisation who was the assisted decision making co-ordinator, they had recently been employed to assist residents with this as required.

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; a considerable amount of upgrades were required to the property, some of which could pose an IPC risk. Improvements were also required regarding staff training, the oversight of training records, and other records such as audits and reviews in the centre.

The person in charge is responsible for this centre and three other designated centres operated by this provider. In order to ensure effective oversight of this centre, a clinic nurse manager was employed to oversee and manage this centre and another designated centre close by. The person in charge reports to a director of care and support. The inspector found that the management oversight had improved in the centre since the last inspection.

The inspector met all of the three managers over the course of the inspection, to discuss the care and support being provided. The director of care and support outlined some changes that were being implemented in the wider organisation that would address some of the issues identified on this inspection. For example; the registered provider was changing the way maintenance issues were being recorded and managed. This would mean that going forward maintenance issues would be addressed in a timely manner. The inspector was also assured from speaking to all of the managers and the staff that a plan was in place to address the premises issues in this centre in the coming weeks.

The provider had systems in place to review and ensure that IPC measures were adhered to. For example each morning a ' shift huddle' was completed by the shift

lead to ensure that all staff were reminded of the IPC measures in place. A sample of records viewed showed that this was conducted each morning.

An IPC audit conducted in October 2022 identified that some actions were required. The inspector followed up on a sample of these actions and found that most of them had been completed. For example; mould was observed in the upstairs bathroom and this had been addressed. One action relating to the floors in the sitting room had not been done but was part of the large project of renovation works that was due to be completed in the coming weeks.

A six monthly unannounced quality and safety review had been conducted in December 2022 which had also identified a number of improvements. All of the actions from this review and other audits conducted in the centre, were recorded on a quality enhancement plan for the centre. The inspector found that this plan was not updated to ensure that actions were being addressed. For example; a large number of actions were listed as being 'in progress' even though some of them had been completed. This was not assuring effective oversight of the centre, particularly given that the person in charge and director of care and support met to review this plan regularly. These meetings were also not recorded to ensure accountability and responsibility of actions.

Staff spoken with felt supported in their role. New staff received induction in the centre; and one relatively new staff member informed the inspector that they had received induction from a manager.

A supervision schedule was in place for staff for the coming year. Supervision is a way for staff to raise concerns, identify training needs or refresher training due. Some staff were due to complete supervision on the day of the inspection. A sample of supervision records viewed last year showed that supervision was not completed every four months in line with the providers policy.

While staff informed the inspector that they received regular updates about IPC practices via their own work e-mail and via staff meetings which were held every month, the training needs of staff or refresher training in relation to IPC were not being addressed through supervision.

Since the last inspection three new staff had been recruited. At the last inspection staff shortages was an issue and resulted in IPC practices such as cleaning schedules not been consistently recorded. A review of the staff rota showed that two staff were now 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. Some staff were due refresher training in IPC. The inspector also found that the training records stored in the centre were poorly maintained. The director of care and support outlined a new training record system that was being reviewed in the wider organisation. For example; a meeting had taken place the morning of the inspection in the wider organisation where the registered provider had confirmed going forward what IPC training staff needed to complete;

and when they required refresher training. A sub committee had also been formed to review what staff were responsible to oversee the training records in each designated centre. This provided some assurances to the inspector that improvements required in staff training were being addressed by the registered provider.

Quality and safety

Overall, the inspector found that the registered provider had made some changes to the premises, cleaning schedules and storage of personal protective equipment (PPE) in the centre since the last inspection, considerable works were due to be completed to the premises in the coming weeks. The storage of mops and the garage area also needed attention.

The premises were for the most part clean and a review of cleaning schedules and staff rosters, now meant that there was sufficient staff on duty to complete daily cleaning schedules in the centre. Since the last inspection the provider had reorganised and relocated some of the furniture in the utility room. New furniture had been purchased and PPE was now stored in a dry press or container with the exception of plastic aprons. These were stored in the garage area which was cluttered and disorganised. However, the inspector was informed that this was being addressed as part of the renovation project that was due to start.

The person in charge outlined the work that was due to be completed by 31 March 2023 which included; floors being replaced in some areas, a bathroom being remodelled, bedrooms and the kitchen ceiling to be painted, the storage and flooring in the garage was to be addressed, some of the carpets were to be cleaned and a door in the utility room was to be fixed.

At the last inspection the bus provided in the centre was not clean and some of the materials in the bus could not be effectively cleaned. Since then a new bus had been purchased which was visibly clean on the day of the inspection.

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.

It was recorded in the residents' plans what vaccinations they had received to protect them against infection.

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. With the

exception of plastic aprons. Staff spoken with were aware of the procedures to follow for some IPC risks. For example; staff members were 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 system had been implemented to store the mops. Colour coded posters were available to guide staff on the correct mops to be used. On the day of the inspection this system could not be implemented due to the storage of some furniture. However, this did not pose a significant risk to the residents. The staff were clear about when the mop heads were to be washed and the correct temperature they were to be washed at.

One staff went through the management of laundry in the centre along with the records to indicate when the washing machine was cleaned. Cleaning records were also maintained and included some of the equipment that needed to be cleaned. For example; mobility aids.

A shift lead was appointed each day who went through a checklist every morning with staff to ensure that IPC measures were being followed. Hand sanitising gel was available in the centre, however, there was none available in the office upstairs on the day of the inspection.

Regulation 27: Protection against infection

A large amount of work was due to be completed in the centre in the coming weeks. Some of which could pose an IPC risk. The person in charge outlined the work that was due to be completed by 31 March 2023 which included; floors being replaced in some areas, bathroom being remodelled, bedrooms were to be painted, the ceiling in the kitchen was to be painted, the storage and flooring in the garage was to be addressed, some of the carpets were to be cleaned and a door in the utility room was to be fixed.

Some staff were due refresher training in IPC.

The records in the centre to ensure effective oversight of IPC practices needed to be reviewed. This included training records, the quality enhancement plan and the record of meetings with the person in charge and the director of services.

Staff supervision had not been conducted every 4 weeks in line with the providers own policies and procedures.

There was no hand sanitising gel in the staff office.

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 Cois Farraige OSV-0005649

Inspection ID: MON-0039118

Date of inspection: 14/02/2023

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>All flooring on the ground floor have been replaced (11.3.23)</p> <p>The Downstairs bathroom has been remodeled (11.03.23)</p> <p>All Bedrooms will be repainted (07.04.23)</p> <p>Ceiling in the kitchen has been repainted (01.03.23)</p> <p>The garage has been re organized to allow easy access & implementation of the new storage system (15.03.23)</p> <p>Floor in garage to be painted (30.06.23)</p> <p>Floor covering on the stairs to be steam cleaned. (22.03.23)</p> <p>Utility room door for the boiler has been replaced (11.03.23)</p> <p>All staff will have completed refresher training in IPC (01.04.23)</p> <p>A review group has been established to look at the method of recording training within the service to ensure only mandatory training for the designated centre is displayed on the data base. To be completed by (30.06.23)</p> <p>There is an accurate record of current & scheduled training available in the Designated Centre (21.03.23)</p>	

All actions in the QEP are clearly documented to identify who is responsible for completing each action and the time frame associated for completion. Meetings with the Director of Care & Support reviewing the QEP will be minuted by the PIC (21.03.23)

Staff supervision is scheduled in line with the Organisations policy (24.02.23)

A Hand sanitizing dispenser has been fitted in the staff office (15.03.23)

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	30/06/2023