



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 September 2022
Centre ID:	OSV-0005649
Fieldwork ID:	MON-0037523

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:	4
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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 14 September 2022	10:30hrs to 16:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor and inspect the arrangements the provider had in place for the management of infection prevention and control (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.

On arrival to the centre, the inspector was met by a member of staff who was wearing a face mask as required by current health care guidelines. They went through some questions related to COVID-19 and directed the inspector to the hand sanitisers, masks and gloves in the centre.

The inspector met and spoke with staff who were on duty throughout the course of the inspection. One of the residents had left to attend their day service but the inspector met three of the residents. The inspector observed that residents were treated with dignity and respect at all times.

The property is a dormer bungalow and downstairs comprised of two bedrooms, a shower room, a large sitting room, kitchen, dining room and utility room. Off the utility room there was a garage where some equipment was being stored. Upstairs, the property had two further bedrooms, one of which had an ensuite bathroom, a small sensory room and a bathroom.

Most of these areas were clean with the exception of the utility room and the garage which were found to be poorly organised, dusty in some areas and lacked appropriate storage facilities. The carpet on the stairs was stained and needed to be cleaned. The utility room was also serving as an office and an area where medication was administered. The provider had highlighted some of these issues themselves through their own audits, but they had not been addressed in a timely manner and remained an issue at the time of this inspection. In addition, there was also a large number of updates required to the property some of which were impacting on maintaining effective IPC standards. For example; the downstairs bathroom which had been identified by the provider as requiring an update 18 months prior to this inspection was due to be replaced and contained cracked tiles which could pose an infection control risk. Other areas that required attention are discussed under Section 2 of this report.

There was numerous hand sanitisation points throughout the centre and sinks had a supply of soap and disposable towels.

The fridge was clean and procedures were in place to mitigate the risk of infection. For example; chopping boards were colour coded, food opened in the fridge was labelled with the date it was opened. The temperature of the fridge and freezer were recorded daily and any food cooked in the centre was probed to ensure that it

was at the correct temperature before serving it to the residents.

Each resident had their own bedroom. The bedrooms were generally clean and had been decorated in a way that the residents liked. For example; one resident had a keen interest in a particular football club and they had decorated their bedroom in line with this interest.

One resident spoke to the inspector about what it was like living in the centre. They said that they liked living there and liked the staff. They knew the staff that were on duty that night and spoke about how they liked when that staff was on, because they had similar interests. They talked about some of the things they liked to do and were looking forward to a disco they were going to later that evening. Their family also lived close by and they were able to visit them regularly. They spoke about some of the things they had planned for the rest of the week which included going swimming, attending a local football match, getting a Friday night takeaway and a beer on Saturday.

Another resident was observed relaxing in the sitting room after breakfast and was doing an activity that they really enjoyed. This resident went for a drive later in the afternoon and appeared very happy when they were saying goodbye to the inspector.

Residents were kept informed through weekly meetings about COVID-19. One of the residents spoke to the inspector about wearing a mask when they went out in the community and how they had received vaccinations for COVID-19 which they were happy with.

The provider had enhanced the cleaning schedules in place in the centre since the COVID-19 pandemic had begun. Records were maintained to verify this, however over the last number of months there had been a large number of staff vacancies in the centre, which resulted in an over reliance on relief and agency staff and some days the staffing was reduced from two to one staff. This had impacted on the staff's ability to carry out and maintain appropriate cleaning schedules in the centre. While staff were knowledgeable about what cleaning was required to reduce the risk of cross contamination in the centre, the mops and buckets in the centre required attention. For example; one of the mop heads was visibly dirty.

The following 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 observed that the governance and management arrangements in the centre required improvements at the time of this inspection. There had been a number of staff vacancies in the centre which had resulted in a shortfall of staff

some days. The inspector also found that issues been identified in the premises were not been followed up in a timely manner.

Over the last number of months there had been a number of changes to the management structures in the centre due to unplanned leave. This had meant there was a reduced management presence in the centre to oversee the care and support needs of the residents and to support staff. Records in relation to IPC were poorly maintained, supervision was not taking place as regularly as required in the providers policy and staffing levels were also significantly affected over the last number of months. This had impacted on the oversight of IPC measures in the centre.

Staff were knowledgeable around the control measures in place to mitigate IPC risks in the centre and acknowledged that they had support from senior managers should any concerns arise. However, they also acknowledged that over the last number of months with staff vacancies it was not always possible to complete all tasks such as cleaning during particularly busy times. The inspector noted on the staff rota, that on a number of occasions only one staff was rostered on duty. This had not been risk assessed nor was it clear how staff should complete all IPC tasks given this shortfall and the needs of the residents.

The provider had policies and procedures in place to guide practice on IPC and standard operating procedures specific to IPC risks. This meant that staff had written guidance on how to manage IPC issues as they arose. Some of the standard operating procedures included procedures for the management of waste, needle stick injuries and the decontamination of the environment. These documents also provided additional information (in appendices) so as to provide further guidance and support to staff. For example, information and quick reference guides were available to staff, informing them of what infections needed to be reported and the IPC measures to be followed in the event of an outbreak of a range of common health care-related infections. The provider also had a risk management plan in the centre which included the controls in place for some health care associated infections. For example, all staff and residents were offered vaccinations for Hepatitis B in the centre.

The overall IPC policy had been updated to include guidance for the management of COVID-19. The policy outlined the roles and responsibilities for the management of IPC starting with the regional director and senior management team who had overall responsibility, down to front line staff. Staff were kept informed of changes to practices in IPC measures, for example; in relation to COVID-19 written updates were provided and available in a specific COVID -19 folder. However, the most recent updates had not been included in order to guide staff practice.

The inspector was also not assured that the provider had effective systems in place to monitor and review IPC measures in the centre. For example; some audits had been conducted on cleanliness and infection prevention and control which had highlighted a number of areas that needed to be addressed. This included, the sink in the utility room, the carpet on the stairs, tears in some of the furniture and attention was required in the bathroom downstairs and the bathroom upstairs. As

these audits were not dated, staff informed the inspector that these issues had been ongoing since at least May 2022 and while reported to senior personnel, no actions had been taken to date to address these issues.

Quality and safety

Overall, the inspector observed that improvements were required with storage facilities, updates to the premises and the management of IPC related documents. Notwithstanding, the issues identified in this centre in relation to infection prevention and control, the residents were observed to have a good quality of life in the centre and got to do things they enjoyed.

Residents had personal plans in place which included a comprehensive assessment of need. The personal plans included their vaccination status for other health care associated infections. For example; whether the resident had received an annual influenza vaccination or hepatitis B vaccination.

There were also comprehensive support plans in place to support the residents needs. Residents were regularly monitored for changes in their presentation and had timely access to allied health professionals. In relation to IPC measures the staff were very knowledgeable around how to support a resident should they become symptomatic.

There were a number of improvements required to the premises all of which posed an infection control risk. The majority of these issues had been identified through audits conducted in the centre, but they had not been addressed in a timely manner.

These included but are not limited to the following:

the utility room needed to be redesigned as at the time of the inspection, it was functioning as a laundry room, an office and a place where medicines were administered

some of the rooms in the centre needed to be repainted

an area of the worktop in the kitchen was cracked and broken

the shower room needed to be remodeled

an armchair in the sitting room was frayed and torn

the carpet on the stairs and landing needed to be cleaned

the bathroom downstairs needed to be updated.

There was adequate supplies of personal protective equipment (PPE) stored in the centre. The provider had systems in place for the management of clinical waste. Staff were aware of the correct temperature of the wash cycle. Staff wore gloves and aprons when handling laundry and were aware of the procedure to follow to

manage soiled linen in the centre.

Staff were aware of the procedures to be followed in the event of a resident being suspected of having COVID-19 in the centre. However, records over the last number of weeks were not completed every day. For example, the residents temperatures were required to be checked and recorded a number of times each day which were not always completed.

A shift lead was assigned for each shift in the centre who was responsible for ensuring that infection control procedures were adhered to. This included a safety huddle each morning which went through a number of questions with staff to ensure they were complying with current IPC measures. Again the records in relation to this were not always completed on a daily basis.

The inspector reviewed a number of IPC related checklists and audits which should inform that, cleaning activities were being undertaken on a regular basis by staff working in the centre. However, as stated earlier some of the records were not updated and some areas of the centre required attention in terms of cleanliness.

The provider had a policy in place to ensure that the vehicle in the centre was cleaned regularly as part of their IPC control measures. The vehicle was visibly grubby on the day of the inspection. In addition the vehicle had been modified with a material that was not conducive to cleaning it effectively. A perspex shield in the bus was also cracked and could pose an IPC risk to the residents.

Overall, staff were knowledgeable about IPC measures in place. However, as outlined throughout this report a number of improvements were required.

Regulation 27: Protection against infection

Improvements were required to the IPC measures which included the following:

- staffing arrangements in the centre required review to ensure that all IPC tasks in the centre could be completed
- management structures in the centre required review to ensure effective oversight of the centre and assure that all IPC measures were implemented, reviewed, updated and audited
- storage facilities in the centre were not adequate and the garage was not suitable for some of the items stored.

There were a number of improvements required to the premises all of which posed an infection control risk. The majority of these issues had been identified through audits conducted in the centre, but they had not been addressed in a timely manner.

These included but are not limited to the following:

- the utility room needed to be redesigned as at the time of the inspection it was functioning as a laundry room, an office and a place where medicines were administered
- some of the rooms in the centre needed to be repainted
- an area of the worktop in the kitchen was cracked and broken
- the shower room needed to be remodeled
- an armchair in the sitting room was frayed and torn
- the carpet on the stairs and landing needed to be cleaned.

The provider had a policy in place to ensure that the vehicle in the centre was cleaned regularly. The vehicle was visibly grubby on the day of the inspection. In addition the vehicle had been modified with a material that was not conducive to cleaning effectively. A perspex shield in the bus was also cracked and could pose an IPC risk.

Judgment: Not 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	Not compliant

Compliance Plan for Cois Ferraige OSV-0005649

Inspection ID: MON-0037523

Date of inspection: 14/09/2022

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	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection:	
A review of staffing in the centre has been carried out. Three new staff have been allocated to the area. Risk assessment 16612 completed, to assess the impact on ability to maintain appropriate cleaning in the event of reduced staffing	Date 01.10.22
The Management Governance status of the DC is in place as per the "Statement of Purpose". Management will ensure that all IPC measures are implemented, reviewed, updated and audited as required.	Date 20.09.22
PPE is stored in a defined press in the utility room.	Date 05.10.22
The office has been relocated to the spare room upstairs.	Date 15.10.22
Bedrooms to be repainted & Kitchen worktop to be replaced. The shower room to be remodeled	Date 31.03.23
New furniture for the sitting room has been ordered. (lead in time 6/7 weeks)	Date 20.11.22
Stains have been removed from carpet on landing.	Date:11.10.22
Staff reminded of the policy in relation to the use of mops and buckets within the home. Additional mop heads purchased to allow mop heads be rotated & washed daily.	Date 29.09.22
Covid 19 folder reviewed and includes all most recent updates.	Date 25.09.22
The findings identified from all audits within the centre have been uploaded to QEP and actioned.	Date 25.9.22

House vehicle has been replaced with a Nissan Premistar and new auditing system of cleaning records of same introduced. Date 3.10.22

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.	Not Compliant	Orange	31/03/2023