



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

Issued by the Chief Inspector

Name of designated centre:	DC 16
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	18 January 2023
Centre ID:	OSV-0005657
Fieldwork ID:	MON-0036139

About the designated centre

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

Residential services in Designated Centre 16 provide supports and services to adults with an intellectual disability which is provided by St. John of God Kildare services. The centre consists of three community houses, two of which are bungalows with apartments attached and the third being a dormer bungalow in a town in Co. Kildare. There is capacity for eleven residents in the centre and is staffed 24/7 by social care workers, healthcare assistants and nursing staff. Residents are supported to attend their day service in the community or avail of home-based day activation programmes. Residents have access to multidisciplinary supports provided by St. John of God, if necessary, such as, psychologist, psychiatrist and social worker. All other therapeutic techniques and supports are accessed, as required, through referral from the resident's general practitioner (GP). Residents have access to service vehicles when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 18 January 2023	11:05hrs to 15:10hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This unannounced inspection took place to assess the provider's compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control (IPC) in Community Settings (HIQA, 2018).

This inspection was part of a Health Information and Quality Authority (HIQA) monitoring programme that began in October 2021 and focused on infection prevention and control. Governance and management, the leadership of the centre, monitoring of the provider's infection control practices, and staffing were all key topics of focus during this inspection.

As part of this inspection, the inspector met with the residents who lived in the centre, the staff on duty, the person in charge and the residential coordinator. The residential coordinator was a named person participating in the management of the centre (PPIM). The inspector also observed the care and support interactions between residents and staff at intervals throughout the day. COVID-19 restrictions were still in place for residential services during the inspection, and measures were taken by staff and inspectors to reduce the risk of infection. This included wearing face masks and regular hand hygiene.

The designated centre consisted of three houses located in close proximity to one another. As part of this inspection, the inspector visited two of the three houses. On arrival at the first house, the inspector saw that it was well-maintained and welcoming. The exterior of the house was clean and well-kept. The inspector was greeted by a staff member on duty, who was seen wearing appropriate personal protective equipment (PPE). Staff were aware of the management processes in the centre and made contact with the person in charge who came to the centre to facilitate the inspection. The staff member took the inspector's temperature, and the inspector saw signage in the corridor near the front door reminding visitors of the significance of proper hand hygiene. In addition, there was hand sanitiser and masks available for visitors to use.

The centre's staff team is made up of staff nurses, social care workers and care staff. The inspector found that staffing arrangements facilitated residents' community engagement and provided continuity of care for residents. However, on the day of the inspection, a planned activity for residents in one house had been cancelled. It was explained to the inspector that due to unplanned staff leave, an agency staff member had commenced their first shift to cover the absent staff member. In line with residents' assessed needs and risk assessments for this house, it was deemed unsuitable for unfamiliar staff to accompany community-based activities. From a review of the centre's rosters, the inspector found, generally, there was sufficient staff rostered to support residents in meeting their needs.

The inspector observed that residents were treated with dignity and respect at all times. Residents' bedrooms were well maintained and decorated in line with their

individual preferences. One resident showed the inspector their bedroom along with some of their possessions, such as photos of holidays. The resident said they liked living in the centre, and they appeared very comfortable and at ease in the company of staff members. The residents were observed moving freely about their homes, all interactions with staff were positive and it was evident that the staff knew the residents well. The inspector observed staff and resident interactions and noted that staff were responsive to residents' needs and familiar with their communication methods.

The service provided individual wrap-around day service provisions to residents. Residents were given a choice to attend formalised day services or receive these supports within their homes, and the majority of residents living in this centre chose centre-based activities. These included skills teaching in baking, art, sensory activities, using a computer tablet and games. Residents are also supported to participate in community-based activities such as concerts, swimming, bowling, local walks, and swimming. The inspector learned that residents were supported to go on holidays, and these trips included going abroad to Paris and stays around Ireland, such as Center Parcs.

An important indicator that a provider has prioritised infection prevention and control is by nominating a person or people with the appropriate knowledge and skills to lead on, manage and ensure good infection prevention and control practices. The provider must identify clear pathways of responsibility and accountability for these functions. It was evident during the inspection that it was unknown who the infection prevention and control lead person was and what strategic approach the provider had taken to assure themselves regarding the effectiveness and quality of infection prevention and control practices.

While the houses were generally seen to be homely and clean throughout this inspection, the inspector found overall; the provider failed to demonstrate how they were implementing the broader scope of the national standards within their service and disseminating information regarding infection prevention and control-related matters to staff. As the inspection findings will demonstrate, the national standards and the accompanying assessment framework were not well known or applied in the centre.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

Capacity and capability

This inspection focused specifically on Regulation 27: Protection against infection, to assess how the registered provider has implemented the National Standards for infection prevention and control in community services (2018). Regulation 27

requires that the provider ensures that procedures consistent with these standards are implemented. Consequently, providers must implement these standards in order to be compliant with Regulation 27. The inspector found that the provider and the highest level of management within the organisation were not prioritising infection prevention and control measures and the application of the national standards across their services.

The inspector was not provided with evidence that demonstrated that the provider was assessing infection prevention and control measures to determine whether they were effective in order to deliver its intended benefits for residents, staff and the environment in which residents live. The provider-level arrangements to ensure adequate oversight of infection prevention and control needed to be improved and coordinated in order to provide sufficient guidance regarding the organisational approach to infection prevention and control matters.

The provider had not nominated a person with the overall responsibility and authority for the management of infection prevention and control within the service. While an assistant director of nursing previously (ADON) held this post, the role had not been reassigned when this post became vacant a few months prior to the inspection. Management were unaware when asked who the infection control lead was in the absence of the ADON. It was also unknown if the ADON post would be refilled; therefore, the centre's governance structure was unclear.

The role of an infection control and prevention lead is required by the National Standards to demonstrate evidence under Standard 5.1. This standard explains that a senior identified individual at the highest level for that service has overall accountability, responsibility and authority for infection prevention and control within the service. This includes accountability and responsibility for overseeing the implementation of these National Standards.

Regulation 27 also requires that providers ensure that procedures consistent with the standards for the prevention and control of healthcare-associated infections published by HIQA are implemented by staff. The inspector requested to view the provider's infection prevention and control policy to see how the provider set out to meet this requirement. The provider had last updated their policy in November 2018, and smaller reviews took place in May 2020, November 2020 and May 2021 concerning COVID-19 content only. The policy was due for a full review in November 2021; however, the inspector was not presented with evidence that this review had occurred. Furthermore, there was difficulty finding this policy within the designated centre as an older version from 2013 was located in the infection control folder as a resource for staff. On review of both policies, the 2013 version contained a lot of pertinent information, including waste management, legionella and the management of various infectious illnesses. However, this information had not been included in the updated policy.

On review of the 2018 policy, it remained unclear as to the governance framework that sets out the authority and accountability for infection prevention and control within the designated centre. The policy referred to an occupational health and safety advisor whose role was to provide advice on infection and control to staff,

facilitate and support the development of policies in relation to infection and control and liaise with the relevant personnel during an infection outbreak to provide necessary advice and support. The inspector queried if this role was operational, and neither the person in charge nor the PPIM were aware as to the status of this role. The ADON role was not referred to in this policy or the role of the infection lead. The inspector also identified out-of-date information regarding COVID-19 content in the policy. The criteria and threshold for an outbreak of COVID-19 have changed since the policy was last reviewed, including isolation periods, staff procedures and testing.

A COVID-19 information folder had been set up for staff to review. However, the inspector found that the information in the folder no longer reflected current guidelines. Therefore, the information needed to be updated to ensure staff were provided with the most up-to-date information. For example, the most recent copy of the Health Protection Surveillance Centre (HPSC) guidelines on preventing and managing cases and outbreaks of COVID-19, influenza and other respiratory infections in residential care facilities from December 2022 was not contained within this folder. Staff tried looking for this document on a shared computer network but were unable to locate the document. A separate infection control and prevention folder was also in place for staff however the contents had not been updated in some time and some of the listed documents on the cover page were not in place.

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. Detailed unannounced audits were being carried out twice each year on behalf of the provider. The last completed six-month unannounced audit from October 2022 included regulation 27 in its findings and posed questions to the person in charge regarding residents' self-isolation plans and actioned some premises issues. However, it did not effectively identify the non-adherence to the national standards in line with this inspection.

The inspector requested documented evidence of the provider's implementation and review of regulation 27, including infection prevention and control committee meetings, shared learning from other inspections under the provider, memos and policy reviews. These were not known by local management and, therefore, unavailable for review. Copies of the centre's infection prevention and control risk assessments, along with HIQA's 'Self-Assessment Tool Preparedness planning and infection prevention and control assurance framework for registered providers' were also unavailable for review. This self-assessment tool had been developed by the Chief Inspector of Social Services. Its purpose was to aid registered providers of designated centres to critically assess their preparedness, contingency and outbreak management plans to assure themselves that the infection prevention and control practices in their centres are safe. It is organised according to the themes and standards contained in the National Standards for infection prevention and control in community services (2018).

The inspector reviewed infection prevention and control audits carried out by staff. It had been identified in June 2022 that mop heads were not washed after every use, and there were no single-use towels in the bathrooms. The inspector observed

the same practices during the inspection, so while some actions had been identified, these had not led to improved practices. The audit tool also referred to staff not wearing nail varnish or wearing decorative or stoned rings or watches. It was unclear from the provider's policy if this was a required working requirement.

The person in charge maintained a matrix of completed staff training in the centre. The provider did not state what infection prevention and control training was required by staff in its policy, but the matrix listed several training, including infection prevention and control, COVID-19, breaking the chain of infection, respiratory hygiene and the national standards. Of the completed training, significant gaps were noted on the matrix for 23 staff. For example, personal protected equipment (PPE) had been completed by 43% of staff, national standards by 21% and hand hygiene by 65%. In addition, some of the listed training had no staff members recorded as having completed.

Quality and safety

This inspection solely focused on infection prevention and control and the national standards. The inspector found that the provider's lack of promotion and implementation of a clear strategy to ensure compliance with best practices and national standards impacted local management's ability to provide sufficient evidence to the inspector of how these standards were being met.

Both houses visited by the inspector were modern properties and were found to be well-maintained. The design and layout of the premises ensured that each resident could enjoy living in an accessible, spacious, comfortable and homely environment. The first property is a dormer bungalow home to three residents. The second location visited is a four-bedroom bungalow with an apartment for one resident incorporated into the house. Both houses were tastefully decorated, and all bedrooms viewed were bright, clean, personalised to residents' taste and had adequate storage for residents' personal belongings. The inspector carried out a walk-around of each home; it was noted that the premises were clean, with only a few areas of improvement required. These included the cleaning and the removal of moss from one skylight and damage to one wall in a shower room. Cleaning records provided demonstrated that cleaning was regularly carried out in the centre by staff to a good level. The cleaning lists had been amended to reflect the centre's colour-coded cleaning system including mops and cleaning cloths to avoid cross-infection.

The inspector found that improvements were required to the stock control of single-use medical equipment to ensure that out-of-date and expired products were not in circulation. For example, the inspector found some sterile products used for catheter care were expired and stored alongside newer in-date products. Sterile dressings, water and syringes were also observed to be opened, impacting their sterility. This meant that there was a risk that expired products could be used in routine interventions. It was also noted in one part of the designated centre where single-

use nebulisers were used that a nebuliser was observed open and connected to a nebuliser machine. This practice indicated that nebulisers were not discarded after each use.

Arrangements were in place for household waste, PPE, and sharps to be disposed of where necessary. However, it was noted that the use of some of these bins could be improved upon in keeping with infection prevention and control practices. For example, some non-foot-operated bins were observed during the inspection. In addition, the storage and disposal of sharps also required review. A sharps box observed by the inspector was filled above the recommended maximum level and not was assembled in line with manufacturer guidelines.

The inspector requested copies of completed risk assessments to assess and evaluate the risks associated with infection prevention and control concerning the centre and resident-specific risks. These risk assessments should give an overview of the risks and the associated controls in place at the time of the assessment. These risk assessments were not made available to inspector so therefore the inspector were not assured that there were clear arrangements in place for the identification, management, control, and learning from infection prevention and control risks in the centre.

Residents had personal plans in place, which included a comprehensive assessment of needs and written support plans to guide practice. Residents were regularly monitored for changes in their presentation and had timely access to allied health professionals. There were regular meetings for residents where the agenda included infection prevention and control items such as reminders and updates on the COVID-19 pandemic. The inspector noted that efforts were made to ensure residents enjoyed meaningful activities and had opportunities for leisure and recreation while national restrictions were in place

The inspector reviewed the provider's arrangements for the management of an outbreak in the centre and found the COVID-19 contingency plan, that would guide staff on the actions to take to monitor and respond to any suspected or confirmed cases of COVID-19. It was found that the plan had not been updated since October 2021 and did not provide sufficient guidance to staff. The residents' self-isolation plans required review to ensure that they were specific to each resident, including the specific precautions required for each resident, and that all plans included a person-centred approach.

Regulation 27: Protection against infection

This inspection found that the systems that were intended to ensure that staff members were given up-to-date information and direction on COVID-19 and infection prevention and control measures were ineffective. While some of the findings were unique to this inspection, the inspector found there were missed opportunities by the provider to disseminate and share learning from other inspections carried out within the wider organisation to assess regulation 27. For

example, it was identified in inspections from November and December that a number of the practices in place within the organisation would be better enhanced if there was a senior identified individual at the highest level for the service with overall accountability, responsibility and authority for infection prevention and control. When the inspector asked local management if they had been made aware of these previous findings, they were not.

- The centres' strategic objectives and operational plans for infection prevention and control were not clear or accessible.
- The centre's governance and reporting structure for infection prevention and control was not clear or well understood by local management and staff.
- The provider had not nominated a person with the overall responsibility and authority for the management of infection prevention and control within the service.
- Appropriate records were unavailable of governance and management meetings to show how the provider monitors the effectiveness of infection prevention and control practices and actions to address any identified deficiencies.
- Specific policies and procedures related to infection prevention and control and COVID-19 are neither regularly reviewed nor kept up to date.
- The provider's infection prevention and control strategy did not describe the minimum infection prevention and control training requirements which are mandatory for different roles at all levels of the organisation.
- Auditing practices did not capture all identifiable matters related to infection prevention and control and where infection prevention and control risks were identified they were not proactively followed up and addressed.
- There were missed opportunities for shared learning from regulation 27 inspections carried out in other designated centres of the provider.
- Staff required infection prevention and control training based on records provided.
- COVID-19 Contingency plans for the centre had not been reviewed and updated to reflect new developments since October 2021. The residents' self-isolation plans required review to ensure that they were specific to each resident, including the specific precautions required for each resident, and that all plans included a person-centred approach.
- Improved practices were required to the storage and usage of single-use and sterile equipment.
- Premises work was required to a wall in one shower room and the ceiling in another house.

As a result of these gaps, the provider was unable to adequately demonstrate how they were ensuring they had implemented the national standards for infection prevention and control in accordance with regulation 27.

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 DC 16 OSV-0005657

Inspection ID: MON-0036139

Date of inspection: 18/01/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>1) The Registered Provider has a nominated person to for Lead Infection Prevention and Control. This person has the appropriate knowledge and skill to lead, manage and ensure good infection control. Staff will be made aware of the Lead person via house meetings and a schematic / visual aid to be developed for office areas of each house to identify governance for infection control. 17/02/2023</p> <p>2) The Registered Provider has ensured that the Person in Charge and the Person Participating in Management have undertaken upskilling and refreshing their knowledge base in regard to National Standards and accompanying assessment framework. The Person in Charge and Person Participating in Management will deliver in-service training to in relation to same. 01/05/2023</p> <p>3) The Registered Provider will ensure that the designated centre will participate in a schedule of peer audits on Infection Prevention and control, completed by appropriately skilled mangers. These audits will be reviewed by the Person in Charge and Person Participating in Management. Any identified issues will be escalated to IPC Lead and senior management via programme manager (30/03/2023)</p> <p>4) The Registered Provider has developed Local Operating procedures (LOP). Local operating procedures have been implemented across the the Designated Centre to complement the existing policy as well as identify needs of the Designated Centre with regard to infection prevention and control. Local Operating Procedure to include cleaning procedures, managing laundry, safe handling of sharps and managing percutaneous injury, waste management, supporting intimate care in line with infection prevention and control, games / shared activity items cleaning procedure, food preparation and storage, managing and storage of PPE, managing infectious illness. A schematic of roles and responsibilities regarding infection prevention and control framework within the organisation has been developed.</p>	

Completed 17/02/2023

5) The Person in Charge will identify a suitably qualified and knowledgeable staff members to maintain and update the Covid 19 information folder in each area. The identified staff member will maintain this folder to ensure contemporaneous information and the removal of outdated information and will support the PIC to communicate any changes and developments to the wider team. 15/02/2023

6) The Person in Charge has established a schedule of HIQA Self-assessment tool preparedness audit for each house within the DC. This audit will include auditing of COVID 19 information contained in each house. Completed (15/02/2023)

7) The Person in Charge has ensured that the cleaning schedule reflects the need for mop heads to be washed after each use. Completed (21/01/2023)

8) The Person in Charge has ensured that single use towel dispensers have been installed in each shared bathroom and in each individual house. Completed (21/01/2023)

9) All audit tools with regard to infection control and prevention to be reviewed to ensure they are reflective of the needs of the residents, residential environment and community setting. (31/03/2023)

10) The Person in Charge has ensured that training matrix is updated and reviewed to reflect staff training status. Rostered staff have been requested to complete additional training in the area of Infection Prevention and Control where required. The training folder to be updated by staff completing the training, training certificates will be maintained in the Designated Centre. The Person in Charge will ensure HR have a copy of training completed. 31/03/2023

11) The Person in Charge has submitted a maintenance request to maintenance department for identified area within the report. Completed 21/01/2023

12) The Person in Charge has ensured that the stock control sheet for medication intake includes expiry dates on initial intake of medication. This is to facilitate rotation of new medications as part of stock control and ensure the prompt return to pharmacy of stock at expiry. A record of single use items and stock control sheet is established by person in charge to ensure all single use items are used as intended. 20/02/2023

13) The Person in Charge ordered replacement pedal operated bins for all areas to improve Infection Prevention and Control practices. Email sent to stores re update on bins on 15/02/2023 and are due to arrive by end of February. 28/02/2023

14) The Person in Charge has ensured that the Operating Procedure with regards to safe handling of SHARPS has been emailed to all staff nurses individually. As part of the Infection Prevention and Control audits, Sharps boxes/ containers will be included and checked to ensure all manufacturers recommendations are followed and national standards in respect of Sharps is adhered to. 20/02/2023

15) The Person in Charge will ensure that all isolation plans are individualised based on

residents needs and are reviewed at a minimum of 3/12 or on a as required basis.

31/3/2023

16) The Registered Provider has updated the Covid contingency plan. The person in charge has ensured that the updated version has been made available to the identified staff member in each house for replacing within the COVID folder amnd the update has been communicated to all teams including DC16. 15/02/2023

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	01/05/2023