

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

Issued by the Chief Inspector

Name of designated centre:	Proleek
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	21 February 2023
Centre ID:	OSV-0005810
Fieldwork ID:	MON-0038586

About the designated centre

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

Proleek is a community home located in a large town in Co. Louth and is close to community amenities. The property is a four-bedroom bungalow adapted to meet the needs of residents with mobility issues. The house is modern, decorated to a high standard, clean and well maintained. All of the residents have their own bedrooms. There is a large landscaped garden to the back of the property that has a patio area with furniture where residents can sit and enjoy the outdoors. Transport is also provided should residents wish to avail of it for leisure activities and appointments. The centre provides full-time residential care to four male adults, some of whom require support around behaviours of concern, healthcare, and enjoying a meaningful life. The centre is nurse-led, meaning that a nurse is on duty 24 hours a day. Healthcare assistants and a social care worker are also employed to support residents. Three staff are on duty during the day and one at night. This centre is also approved to facilitate a learning environment for student nurses. Residents do not attend formal day services but are supported by staff in the centre to have meaningful activities during the day in line with their personal preferences. The person in charge is responsible for three other designated centres under this provider but is supported in their role by a clinic nurse manager to ensure effective oversight of the care being provided.

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
Tuesday 21 February 2023	09:15hrs to 14:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the provider's arrangements concerning infection prevention and control (IPC). The inspection was completed over one day, and during this time, the inspector spoke with the residents and met with the staff. In addition to discussions held, the inspector observed the residents' daily interactions and lived experiences.

On arrival at the residents' home, the inspector was greeted by a member of the staff team. The staff member asked the inspector several questions to ensure they were not displaying any flu-like symptoms.

The inspector observed that the residents' home was clean and in good repair. Painting had recently been completed throughout the house. There were pictures of residents in a number of areas, and there was a homely atmosphere. Residents moved freely throughout their home, with some requiring staff members' support.

The inspector was introduced to the four residents. The residents communicated through non-verbal communication. The inspector saw that the staff members were aware of the residents' nonverbal cues and were able to respond to the residents' prompts quickly. The inspector found that, residents had been provided with information regarding IPC practices and control measures but had a limited understanding of the processes.

The residents appeared happy in their home. The review of a sample of resident's achievements, goals and daily notes identified that, the residents were supported to be active members of their local community. Residents were supported to go out for coffee, lunch or dinner regularly. Residents also liked to go to music events and shows. Some of the residents went on day trips as well as short holiday breaks. They liked to spend time in the large, well-maintained garden when the weather was good. The inspector was informed that new furniture was scheduled to arrive and also that, following a fundraising drive, a hot tub had been purchased for the residents. Some of the residents had enjoyed using one when staying in a hotel.

The inspector found that consistent staff working in the service knew the residents' needs. Staff members were observed to engage with residents respectfully throughout the inspection. The inspector also spoke with staff members regarding standard-based precautions relating to IPC practices. The staff members demonstrated that they had appropriate knowledge.

An appraisal of information demonstrated that residents were supported to maintain links with their family members. The review also showed no current restrictions regarding residents receiving visitors in their home.

The inspector found that the services management and the staff team had ensured that effective IPC practices and control measures were in place. A number of audits

were completed that identified areas that required improvements. The inspector found the house manager had requested enhancements to be carried out relating to IPC risks. However, there had been delays in the required actions being addressed by the provider's maintenance staff and also delays in the sourcing of replacement equipment.

The impact of these deficits will be discussed in further detail in the next two parts of this report.

Capacity and capability

The inspection found that the IPC practices employed by the staff team were effective.

The person in charge was responsible for the overall management of IPC practices in the service. The house manager and the other staff members supported the person in charge in ensuring that the IPC practices were effective.

The provider and the management team ensured that the staff team had access to appropriate information by ensuring staff members had access to online and hard copy information regarding best practice. The review of the information found that it was kept up-to-date. The provider had also developed a policy specific to IPC along with standard operating procedures, which will be discussed in the quality and safety section of the report.

A review of current and archived staff rosters showed that the provider maintained safe staffing levels. The staff team comprised staff nurses, social care workers and healthcare workers. A staff nurse-led day and night shifts and was responsible for ensuring that daily tasks, including IPC tasks, were completed each day. The inspector also found, following the review of staff training records, that the staff team had received the required training relating to IPC practices and control measures.

IPC audits were completed on a weekly basis by staff nurses, and further monthly audits were completed by the house manager. These audits captured areas that required improvement, and actions were identified. The inspector observed that, hygiene audits were also conducted on a quarterly basis. The most recent audit was completed on the 13 February 2023 and an action plan was devised following the audit. The inspector found that some of the actions had been identified previously, such as handrails requiring replacement in bathrooms and a shower chair requiring replacement. The handrails were chipped, and there were parts where rusting was evident. The inspector was informed that the handrails had been purchased and the house manager had requested for the works to be completed a number of weeks earlier, the handrails were replaced during the inspection.

Regarding the shower chair, the inspector saw there was rust on the base, which

posed an IPC risk. A replacement chair was required. The need for a replacement was identified in June 2022. There was evidence of the house manager requesting an update on the progress of sourcing a replacement from the provider's occupational therapist, but there was no evidence of a response. During the inspection, the house manager was informed of delays in sourcing a replacement chair.

Thorough audits were completed, and actions were identified following the audits. However, there were delays in the actions being addressed by the provider, which negatively impacted the staff team's efforts to safeguard the residents from healthcare-associated infections.

The provider had completed unannounced visits to the service to complete reviews of the quality and safety of care provided to the residents as per the regulations. The inspector reviewed these and found that IPC practices formed part of the review. The inspector also found that following an outbreak of the COVID-19 virus, the provider had completed a review of the outbreak. The review looked at the areas that had been successful and which areas required improvement. For example, the outbreak had not been recorded on the service's adverse incident log. The provider identified that this was not in line with their practices.

There was an outbreak contingency plan. The inspector reviewed this and found that it reflected current guidelines and gave the staff members the required information to support residents and maintain their safety.

As noted earlier, the inspector spoke with some of the staff members and discussed their knowledge of standard-based precautions relating to IPC practices. The staff members demonstrated that they had the appropriate knowledge. The person in charge also gave detailed responses regarding the management of outbreak scenarios and referenced the outbreak management plan that was in place.

The person in charge was aware of their overall responsibility for overseeing infection prevention and control. A regular staff meeting was held, a sample of these was reviewed, and the inspector found that IPC practices were discussed along with information sharing.

Quality and safety

The inspection found that the social and healthcare needs of the residents were met by the provider and the staff team supporting them.

The review of information demonstrated that health assessments and care plans had been devised for residents, and they were supported to attend healthcare-related appointments when required. The residents' health and presentation were under daily review, and the staff team responded to their changing needs. Hospital passports had also been created to support residents if they were admitted to

hospital. The plans were specific to each resident and gave a brief medical history and information on communicating and supporting residents.

The residents had been presented with information regarding IPC practices and the COVID-19 pandemic. COVID-19 care plans had been devised for the residents, and there was a history of the residents' vaccination status. The review of the care plans identified that there were some slight adjustments required to an isolation plan for one resident. The house manager informed the inspector that one resident had found it difficult to isolate in their bedroom after testing positive for the COVID-19 virus. The house layout meant that the resident could use a sitting room and their bedroom for isolation purposes. This had proved successful, but there was no mention of the plan in the care plan. The house manager and the person in charge responded quickly and addressed the issue.

The inspector observed the staff members adhere to standard precautions throughout the day. Staff members informed the inspector of how they support residents with personal care and the increased personal protective equipment (PPE) worn when doing so. Staff members wore appropriate PPE throughout the day. The inspector was also shown the PPE storage and was assured that the service had access to an adequate supply of PPE.

As discussed earlier in the report, the residents' home was clean, in good repair and clear of clutter. The staff members engaged in IPC practices daily. A shift huddle was held daily to remind staff of their duties, including IPC practices. There were daily and nighttime cleaning schedules and arrangements where equipment was cleaned after use, such as nebulisers, blood pressure monitors, etc. There was clear guidance for staff members regarding cleaning and disinfection practices.

Standard operating procedures had also been devised regarding managing residents' laundry, household waste and clinical waste. The inspector found that the information available to staff was concise and aligned with guidelines.

Regulation 27: Protection against infection

The inspection found that the staff team were employing appropriate IPC practices daily. These practices and control measures were under regular review, and the reviews identified where improvements were required.

The inspector found there were delays in the provider's responding to the actions. As discussed earlier, handrails were identified as an IPC risk. The house manager had purchased new handrails, but there had been a delay in the new handrails being installed. The provider responded to the issues on the day of the inspection following a request from the inspector.

A shower chair had been identified as an IPC risk as the chair's base was rusted, and the areas could not be appropriately cleaned due to the damage. The house manager had identified this as an issue and had contacted the provider's

occupational therapist stating that a replacement chair was required. This was done in June 2022. The house manager had sought an update from the provider regarding the replacement, but there had been no response. During the inspection, the house manager received feedback that there had been delays in sourcing a new chair.

The provider failed to respond to the issues the staff team and house manager identified within a reasonable timeframe. This did not demonstrate effective management and allowed IPC risks to remain in the service.

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 Proleek OSV-0005810

Inspection ID: MON-0038586

Date of inspection: 21/02/2023

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>The OT has sent a requisition form for the shower chair to HSE Primary Care Aids & Appliances section. At present waiting on the manufacturer to confirm date for the delivery. In the interim, a temporary new shower chair was delivered on 06.03.2023.</p> <p>The MDT team are creating a new shared folder system and each piece of equipment ordered will be logged into same so the PIC will be able to track if item has been ordered and likely delivery date. 30.04.23</p> <p>A new software maintenance package which allows for requesting tracking and reviewing maintenance issue is being purchased by the service, until the system is in place all maintenance issues are being addressed weekly by the PIC with the Operations Manager.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/04/2023