



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

## Issued by the Chief Inspector

|                            |                                       |
|----------------------------|---------------------------------------|
| Name of designated centre: | Anneverna                             |
| Name of provider:          | St John of God Community Services CLG |
| Address of centre:         | Louth                                 |
| Type of inspection:        | Unannounced                           |
| Date of inspection:        | 06 December 2022                      |
| Centre ID:                 | OSV-0007837                           |
| Fieldwork ID:              | MON-0038425                           |

## About the designated centre

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

Anneverna is a full-time residential service for up to four adults with intellectual disabilities. Anneverna is located in Co. Louth. The centre comprises four bedrooms, one with an ensuite, a large kitchen with a living and dining area, and a separate sitting room; there is also a large secure garden to the front and rear of the centre. The centre is near a large town where residents can be supported to access amenities. The centre is nurse-led, with a staff nurse present on a twenty-four-hour basis; the team comprises staff nurses, care assistants and a healthcare assistant.

**The following information outlines some additional data on this centre.**

|  |   |
|--|---|
| Number of residents on the date of inspection: | 4 |
|--|---|

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 6<br>December 2022 | 09:30hrs to<br>14:30hrs | Eoin O'Byrne | 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 put in place concerning infection prevention and control (IPC). The inspection was completed over one day.

The inspector was introduced to two of the residents over the course of the inspection. The residents were supported on a one-to-one basis, and they appeared at ease in their home. The inspector's interactions with the residents was brief, as they chose to engage in their preferred activities. The inspector observed residents relaxing in the kitchen/dining area, one resident was supported to go for a walk, and the other chose to relax in their room. A review of residents' information found that social activity goals had been set and there was evidence to show that they were, when possible, engaged in activities outside of their home. The changing health needs of some of the residents meant that this was not always possible. For example, at the time of the inspection, two residents were being cared for in hospital, due to a deterioration in their health.

The provider had ensured that there was a staff nurse presence on the roster to address the health needs of the residents. Staff nurses were identified as the person responsible for IPC practices each day. A team of care assistants supported them in their duties.

The inspector found information regarding IPC measures and best practices were in place. It was also found that resident meetings were used to provide residents with up-to-date information regarding IPC and ensure they were informed regarding the COVID-19 pandemic.

The inspector was given a tour of the premises by the person in charge. The premises was suitably clean, and a review of records and policies also demonstrated that there were appropriate systems to maintain this. The premises was free from clutter, and there was a relaxed and homely atmosphere. The inspector observed that the sitting room, kitchen and a resident's bedroom required painting. The provider had identified this as part of their audits, but there had been a delay in addressing this issue.

Overall the inspector found that the IPC practices adopted were appropriate. However, the inspector did find that some areas required improvement in the main bathroom. The inspector found surface damage to a handrail, and the legs of a shower chair had surface damage and rusting. The surface damage meant that these areas could not be appropriately cleaned from an IPC perspective. The inspector also found that there was a need to review the IPC information that was provided to staff. The information available to staff was not the most up-to-date information.

The remainder of this report will present the findings from the walk-around of the

designated centre, discussions with staff and a review of the providers' documentation, policies and procedures concerning infection prevention and control. The findings of this review will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection Against Infection is provided.

## Capacity and capability

This inspection found that governance structures had ensured that the provider had effective IPC practices in place. The service was led by a person in charge and a house manager. The house manager was the lead person in managing IPC within the centre.

There were also clear lines of authority regarding the provider's on-call management process; arrangements were in place if the person in charge was absent. These arrangements, if required, would ensure oversight of the service provided.

The inspector found that the provider had developed a range of policies and procedures regarding infection prevention and control. These policies were recently updated, they contained clear guidance and were readily available to staff in an online format.

The provider had completed the required reviews and reports regarding the quality and safety of care provided to the residents per the regulations. The review of these found that IPC practices were covered.

The inspector found that the provider had developed a well-prepared contingency plan. The plan clearly outlined appropriate responses to an infection outbreak, and the plan listed appropriate practices relating to identifying, managing, and controlling potential outbreaks.

An outbreak of COVID-19 had occurred amongst residents and the staff team this year. The inspector reviewed nursing notes from this period that demonstrated that the staff team acted appropriately in the care of the residents. An outbreak review had also been conducted that identified that residents had isolated and that the plans had been effective.

A review of the staff roster identified a deficit in staffing numbers. The provider was completing a recruitment drive, a new staff member had started the week of the inspection, and another was due to begin next month. The existing staff team had been completing additional shifts to fill vacancies, and the provider had been relying upon their on-call staff and, on occasion, agency staff members to complete shifts. The review of the rosters identified that safe staffing levels were being maintained and that the number of staff was sufficient to complete the assigned IPC tasks.

Records showed that the staff team had received training regarding IPC. The

inspector spoke with a staff member who demonstrated that they had a strong knowledge of IPC practices and referenced additional training provided by the provider's clinical nurse specialist in regard to cleaning and disinfecting areas.

A COVID-19 information folder had been set up for staff to review. The inspector found that information in the folder no longer reflected current guidelines. There was, therefore, a need to update the information to ensure staff were provided with the most up-to-date information.

Overall, the inspector found systems that ensured infection prevention and control practices were appropriate.

## Quality and safety

The inspection found that IPC measures were part of the standard delivery of care to the group of residents. Regarding the staff team's practices, the inspector found evidence that, per the provider's guidelines, IPC shift huddles were completed with staff members at the beginning of each shift. Tasks were allocated between the staff team, and as mentioned earlier, there was evidence that IPC tasks were completed and also part of the daily routine. There were also arrangements where equipment was cleaned after each use as per guidelines.

Staff members were observed to be wearing appropriate personal protective equipment (PPE) and engaging in cleaning tasks. There were adequate supplies of PPE, hand sanitisers, paper towels and appropriate bins throughout the residents' home

A review of residents' records showed that when required, residents were supported to access allied healthcare professionals. COVID-19 care plans which listed how residents should be supported should they contract the virus were available for review, the information listed how to support residents when isolating and also their vaccination status. The person in charge had also ensured that hospital/communication passports were developed for residents if they were admitted into the hospital.

While the residents' home was clean, there were some IPC risks identified. Surface damage to a handrail and surface and rusting damage to a shower chair were observed in the main bathroom. The surface damage meant that the areas could not be appropriately cleaned. The inspector also identified that wear and tear was beginning to show to the flooring in the bathroom and the person in charge stated that this would be addressed promptly.

As discussed earlier, an outbreak contingency plan was developed for the service. The plan captured the enhanced cleaning and decontamination practices required in the event of suspect or confirmed cases or outbreaks of infections.

The team of staff nurses completed weekly IPC audits. Peer reviews focused on IPC practices employed in the service were also conducted. There was also evidence of the person in charge completing the IPC self-assessment questionnaire per guidance. A quality enhancement plan was used to track identified actions and there was evidence of IPC risks being added to the plan.

While some improvements were required to the resident's home, the inspection found that IPC practices were overall appropriate.

## Regulation 27: Protection against infection

The inspection found that effective IPC practices were employed by the staff team supporting the residents. The staff team had been provided with appropriate training and completed their assigned tasks daily.

The inspector found that there was surface damage to a handrail and the legs of a shower chair. The legs were also rusting. The surface damage impacted the staff team's ability to clean the areas effectively. This issue posed an IPC risk to the residents and the staff team.

The review of IPC information available to staff also found a need to ensure that the information was under review and was up-to-date.

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                |
|---|-------------------------|
| <b>Capacity and capability</b>              |                         |
| <b>Quality and safety</b>                   |                         |
| Regulation 27: Protection against infection | Substantially compliant |

# Compliance Plan for Anneverna OSV-0007837

Inspection ID: MON-0038425

Date of inspection: 06/12/2022

## 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   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>New hand rail has been sourced</p> <p>Shower chair has been discarded</p> <p>Covid folder has been reviewed and all up to date information is readily available</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).

| <b>Regulation</b> | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|-------------------|---|-------------------------|--------------------|---------------------------------|
| 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             | 09/01/2023                      |