



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

Issued by the Chief Inspector

Name of designated centre:	Rosevale
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	26 April 2023
Centre ID:	OSV-0007948
Fieldwork ID:	MON-0039590

About the designated centre

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

Rosevale is operated by Saint John of Gods services and provides 24 hour support to four male and female adults that live here. It is located in a new housing estate in a small town in Co. Louth. The premises comprises of a large detached two storey house and has a good sized garden to the back of the property. There are five en-suite bedrooms (although only four are occupied), a large open plan kitchen, dining and sitting area and another sitting room downstairs. Off the kitchen there is a small utility room. The staff team consists of two nurses, five healthcare assistants, a person in charge and a clinic nurse manager. There are two staff on duty during the day and one waking night staff. The residents here are supported to have a meaningful day, some attend day services on a fulltime basis and some attend on a part time basis. Otherwise residents are supported by staff to choose activities they like on a daily/weekly basis in line with their personal preferences. A car is provided also. Residents are supported by staff with their healthcare needs and have access to a wide range of allied health professionals to enhance the support 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
Wednesday 26 April 2023	11:30hrs to 15:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This was an unannounced inspection 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.

The inspector met and spoke with staff who were on duty throughout the course of the inspection, and met all of the residents who lived there. The inspector observed that residents were treated with dignity and respect at all times.

On arrival to the centre, two of the residents had already left to attend their day service and one resident had gone to the shop. One of the residents had already been out for a morning walk and was enjoying some sensory time in their room.

The centre was very clean and generally maintained to a good standard. Some issues had been identified by the staff team which had been reported to senior managers and which were being addressed at the time of the inspection. For example; the house was due to be painted and this was planned for.

Each resident had their own bedroom and en suite bathroom. The bedrooms were decorated in line with their own personal preferences and with family pictures. All of the residents had a key to their own bedroom in order to respect their privacy. Residents were observed using this on the day of the inspection.

There were two communal spaces, one was a sitting room and the kitchen/dining area included an area where residents could relax and chat. Residents were observed on return from their day service sitting down relaxing with staff and having a chat about their day. Upstairs one resident had converted a spare room into their own private sitting room. The resident told the inspector they had picked the soft furnishings for this room.

The kitchen/dining area was very clean. Beside the kitchen there was a utility room which was also observed to be very clean. A staff member went through the arrangements for the storage and cleaning of equipment; including where and how mops and buckets were stored in the centre.

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.

As stated earlier, the premises were clean and the provider had enhanced the cleaning schedules in place in the centre since the COVID-19 pandemic. Records

were maintained to ensure effective IPC practices were adhered to. There were numerous hand sanitisation points throughout the building and all sinks had a supply of soap and disposable towels. Storage was available in the centre to store personal protective equipment (PPE). This was stored in a clean dry area.

A staff member was assigned as COVID lead for each shift in the centre and this person was responsible for ensuring that a 'safety pause' was conducted at the start of each shift. This safety pause went through a number of questions with staff to ensure they were complying with current IPC measures.

Some of the residents required support to make choices about their care and support needs and, communicated this through gestures and non verbal cues. One resident had a specific communication directory in place to guide staff on what the resident was trying to communicate. For example; if the resident was pacing up and down they were communicating anxiety. The inspector observed a staff member supporting the resident with this when the resident wanted the volume of their music turned down.

Residents were included in decisions about their care and support. The inspector observed that, before a resident received their COVID-19 vaccinations, staff had went through a decision making framework which included the will and preference of the person and consultation with people who knew the resident well.

In another instance, a resident had raised a complaint about an issue in the centre and the resident had been supported by the person in charge to complete all relevant forms with the resident and the matter had been referred to the human rights committee in the organisation to ensure that the decisions made were in line with the residents' rights.

On the day of the inspection, the residents were celebrating the commencement of a new law. This law meant that going forward residents must be included in all decisions about their care and support needs. One of the residents showed the inspector a cake purchased to celebrate the occasion. The person in charge showed the inspector some videos prepared for the celebration which included good wishes from celebrities that some of the residents liked.

Residents were also informed about things that were happening in the centre. Residents meetings were held weekly where they were informed about the new law which was starting as mentioned, the arrangements now in place to manage IPC (including the fact that masks were not required anymore).

Residents were also supported to have meaningful lives. One of the residents told the inspector that they were going on holidays soon. The inspector also observed that residents liked to do certain things around their home. For example; one resident liked to sort the waste bins and leave them out for collection. Another resident who liked baking, told the inspector they had baked cookies the other day and also liked making their favourite cake from time to time.

The person in charge had also collected the views of residents and their family members on the quality of care being provided in the centre. An overview of this

information was included in the annual review for the centre. Overall the feedback was very positive. Residents said they were happy with the care and support provided. One resident had raised something they would like changed and this had been done. Family members stated that they were very satisfied with the service provided also.

Overall, the inspector observed that the staff team maintained good IPC standards. This was particularly evident over the last year as there had been no infection control outbreaks in the centre that affected residents. 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

The inspector found that the centre was managed well by the staff team, the person in charge and the clinic nurse manager to ensure that effective IPC practices were maintained in the centre.

The provider had policies and procedures in place to guide IPC practice. 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. For example; there was an assigned staff member each day in the centre to manage COVID-19 precautions. Staff were knowledgeable around the control measures in place to manage IPC. The centre also had access to a Clinical Nurse Specialist (CNS) in health promotion for advice and support on any IPC matter.

Staff were kept informed of changes to practices in IPC measures specifically in relation to COVID-19. For example; on the day of the inspection, staff were aware that masks were not longer required to be worn routinely in the centre. Residents had also been informed of this.

The last six monthly unannounced visit of the centre conducted recently found that all regulations inspected were compliant. The person in charge also had the 'Self-Assessment Tool Preparedness planning and IPC assurance framework for registered providers' completed and updated every 12 weeks. There were no areas for improvement in this document at the time of this inspection. There was a shift leader on duty with direct responsibility to oversee IPC arrangements, such as checking if staff were familiar with hand hygiene.

The provider had systems in place to monitor and review IPC measures in the centre. Audits were conducted on a weekly and monthly basis by staff. These audits were identifying areas that needed to be addressed. For example; staff had noted

that mould was apparent in one area of the house and this had been addressed.

There was sufficient staff on duty to support the resident's needs in the centre. The staff spoken with were very knowledgeable around the residents needs and also about the arrangements in place to manage health care associated infections.

Staff had been provided with a suite of training in infection control, including hand hygiene, donning and doffing of personal protective equipment and standard infection control precautions.

The provider also had a risk management plan in the centre which included the controls in place for some healthcare associated infections. For example, all staff and residents were offered vaccinations for Hepatitis B in the centre.

Quality and safety

Overall, the inspector observed that the staff team maintained good standards regarding IPC.

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

There were also comprehensive support plans in place to support the residents needs. Residents had isolation plans in place where required, should they need to isolate. All residents had en suite bathroom, which meant that they did not have to share bathrooms should they need to isolate.

Residents had hospital passports in place which outlined the supports they would require should they have to move to another health care facility. These passports outlined how the residents liked to communicate and who should be contacted in the event that residents may require support with decisions being made around their healthcare needs while in hospital.

There was adequate supplies of personal protective equipment stored in the centre for routine daily use. In the event of an outbreak, additional PPE was available from the providers central stores.

The provider had systems in place for the management of clinical waste and the staff were aware of the procedures to follow regarding this.

As stated the property was very clean and overall maintained to a good standard. There was a separate utility room and residents laundered their clothes separately.

The inspector reviewed a number of IPC related checklists and audits which informed that cleaning activities were being undertaken on a regular basis by staff working in the centre. These covered routine cleaning tasks such as regular cleaning of the floors and resident's bedrooms, but also included schedules for weekly deep cleaning tasks in order to support the prevention of infection transmission. One of the showers in the centre was not used, the staff had a procedure in place to manage this and ensure that the shower was flushed out regularly to prevent the risk of legionella disease.

The provider also had a risk management plan in the centre which included the controls in place for some healthcare associated infections. For example, all staff and residents were offered vaccinations for Hepatitis B in the centre.

Overall the inspector observed that the staff team maintained good standards of infection prevention and control measures. The staff were very knowledgeable about the IPC measures in place.

Regulation 27: Protection against infection

The provider has put in place effective systems and processes in relation to IPC in this service. The person in charge and clinic nurse manager, ensured staff received as required training in IPC and staff spoken with knew about IPC practices in the centre.

Auditing systems were also in place to ensure the service remained alert to any IPC related risk or issue.

The centre had a specific Covid-19 response plan, along with policies and procedures on IPC measures in the centre. Residents were kept informed of any changes in practices and had been included in decisions around their health and support needs.

Judgment: 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	Compliant