



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

Issued by the Chief Inspector

Name of designated centre:	St John of God Kildare Services - DC 13
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	04 May 2023
Centre ID:	OSV-0002964
Fieldwork ID:	MON-0039832

About the designated centre

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

Designated Centre 13 is a designated centre operated by St. John of God Kildare Services. The centre consists of two bungalows situated beside each other in a small housing estate near a town in County Kildare. One location provides care for more dependent residents while the other location provided support for residents with higher levels of independence. Each resident has their own bedroom and each bungalow provides residents with a comfortable living room space and separate kitchen. Residents are supported by a team of social care workers. The centre is managed by a person in charge who is supported in their role by a social care leader and a senior manager. The person in charge is also responsible for three other designated centres within St. John of God Kildare Services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Thursday 4 May 2023	11:20hrs to 16:15hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This inspection focused on Regulation 27: Protection against Infection, which relates to the prevention and control of healthcare-acquired infections in community settings. This inspection aimed to assess compliance with the regulation and identify any areas of non-compliance that may require attention. The inspection was completed over one day, and during this time, the inspector met with the person in charge, the team leader, staff and one resident.

The designated centre consists of two bungalows located in a quiet cul-de-sac in a large town in Co. Kildare. The centre is registered for a maximum of seven residents. On the day of the inspection, five residents lived in the centre, and there were two vacancies. The centre provided for a range of needs, with one house providing only drop-in staff support to residents who required less staff support. Residents living in this house led independent lives and left and returned to their home when they chose. The inspector did not have the opportunity to meet any of the three residents living in this house due to the residents being away from the centre for the day in paid employment.

The other house in the centre supported residents with higher support needs and residents participated in retirement and day programmes within the provider's organisation and the local community. The inspector met with one resident living in this house as the second resident was attending their day programme.

The inspector noted on arrival to the designated centre that hand sanitiser was available at the entrance of both houses, and face masks were also available should staff or residents want to wear one. The staff member that greeted the inspector was aware that the requirement to wear face masks was no longer required in the centre and staff no longer wore mask faces as a result of new guidance.

Residents were provided with information about their rights, feeling safe, fire safety and making a complaint. The registered provider surveyed residents about what it was like to live in the centre as part of its annual review. The residents reported that they were very happy living in the centre, felt safe, liked the staff and felt that if they had a complaint, they would talk to staff. All residents said their healthcare needs were well looked after. Also, in the survey, the residents responded that their rights felt respected. One resident said they would like more staff support for social activities and subsequently moved within the designated centre from the lower support house to the higher support house. The inspector met the resident during the inspection, and they reported that they enjoyed living in their new house and was observed going out with staff during the inspection.

The inspector completed a walk around of the empty second house. The person in charge had informed the inspector there was a presence of mould. This issue had been escalated to maintenance, and although visits had occurred to the house in relation to this issue, there was no time-bound plan to address this problem. The

inspector read the written report of the last six-month unannounced visit completed by the quality and safety advisor (QSA) on behalf of the provider in November 2022. This report highlighted in the summary of residents' views that one resident showed the QSA some damp patches in their wardrobe and that they wanted it fixed. At the time of the visit, it was reported it was an ongoing issue, and a permanent solution had not been found. The inspector observed mould within two bedrooms in this house, and one bedroom, in particular, had a strong, musty malodour. Apart from the mould issue, residents reported that they were happy with their home. They spoke about improvements made to their home, including new kitchen presses.

The inspector found that residents had been provided with information regarding infection prevention and control practices. Residents were given information on effective hand hygiene cleaning and other areas through weekly resident meetings.

Overall, it was evident from observations in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Residents went out for lunch and dinner with their peers and staff members. Some residents received visitors in their homes, and there were no restrictions. Residents engaged in activities together and alone, depending on their wishes. Throughout the inspection, it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

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 provider's documentation and policies and procedures in relation to infection prevention and control. This inspection found that the provider had not demonstrated compliance with Regulation 27.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre.

Capacity and capability

The provider had developed procedures for the management, control and prevention of infection within the centre; however, the resources to oversee and address maintenance issues and the delivery of safe and effective prevention and control measures in the centre required improvement.

This designated centre was registered until January 2025 with no restrictive conditions. The centre had last been inspected by the Health Information and Quality Authority (HIQA) in September 2021, where an overall good level with the regulations was found. However, non-compliance was identified with Regulation 27 Protection against Infection. This regulation requires providers to adopt practices that are in line with the 2018 National Standards for infection prevention and control

in the community. The current inspection formed a part of a programme of inspections focused on Regulation 27 and infection prevention and control practices. As such particular areas of attention on this inspection included monitoring of the provider's infection prevention and control practices, the leadership, governance and management of the centre and staffing.

While the governance of infection and control matters required improvement, the general oversight and provision of care and support in the service was of a good standard. There was a clear organisational structure to manage the centre. There was a suitably qualified and experienced person in charge. The person in charge was based in an office on the campus and was supported in their role by a social care leader. The person in charge was responsible for a total of four designated centres and for implementing infection prevention and control measures in the centre.

The inspector reviewed the current and previous staff roster. There were adequate staffing numbers and a consistent team supporting the residents comprising of social care workers. There were sufficient staff numbers to ensure that the daily tasks assigned regarding infection prevention and control measures were completed daily. There was one whole-time equivalent (WTE) vacancy since January 2023, and despite recruitment campaigns, the position remained unfilled. The inspector was satisfied with the cover arrangements that ensured continuity of care for the residents.

Staff meetings were taking place monthly. The inspector reviewed a sample of staff meeting minutes and found that infection control and COVID-19 were regularly discussed. Topics included updates to national guidance, infection prevention and control audit outcomes and reviewing of guidelines. There was evidence that the provider was also regularly communicating with all staff through the service email system. This included correspondence regarding the most up-to-date procedures in the centre for protection against COVID-19.

The Chief Inspector of Social Services produced a number of guidance and tools to support registered providers in applying the regulations and standards and making improvements in their services. These self-assessment tools and quality improvement plans critically assess the preparedness, contingency and outbreak management plans to ensure that the centres' infection prevention and control practices are safe and should be completed every 12 weeks at a minimum. The person in charge had completed the 'Self-Assessment Tool Preparedness Planning and infection prevention and control assurance framework for registered providers' in order to ensure ongoing monitoring of infection prevention and control matters.

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. Records of these audits showed that the majority of identified issues had been or were being addressed within realistic time frames. The last six-month unannounced audit from November 2022 reviewed Regulation 27 and identified that the issue of mould be addressed as a priority and that the person in charge continue

to consult with the centre's Housing Association on addressing the cause of the issue so that it did not reoccur. The inspector found that despite ongoing engagement by the person in charge and the Housing Association, no corrective action had taken place or a timebound plan for when this would be completed.

In accordance with the national standards, providers should ensure that their staff have the necessary competencies, training and support to enable safe infection prevention and control practices. There was a program of training and refresher training in place for all staff. The inspector reviewed the centre's staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, COVID-19, infection control, the donning and doffing of personal protective equipment and cough etiquette. The person in charge and social care leader regularly reviewed training records and staff training needs and scheduled further training when required.

The provider had enacted several policies and procedures relating to infection prevention and control. These included a policy for the management and prevention of infection, a Liffey services response plan for COVID-19, Influenza and other respiratory viruses contingency plan and a site-specific COVID-19 house plan. The infection, prevention and control policy required review as identified on previous infection prevention and control inspections within the wider organisation. 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.

Quality and safety

With regards to infection prevention and control, improvement was required to ensure the quality of care was regularly reviewed to ensure compliance with best practice and the National Standards for infection prevention and control in community services (HIQA, 2018).

While this inspection was solely focused on Regulation 27 and improvements were needed to ensure that this regulation was being complied with, it was found that residents were receiving high-quality services and were supported by a caring, knowledgeable, and experienced group of staff. Residents appeared at ease and at ease in the staff's presence, and staff were observed to interact with residents in a warm, friendly, and professional manner. The inspector found that residents were content with their living environment and had autonomy over their daily activities.

The review of care plans demonstrated that residents' healthcare needs were under close supervision. Residents, when required, had accessed members of the provider's multidisciplinary team and external healthcare professionals. Care plans had been devised to promote the best outcomes for the residents. The person in charge identified that, if required, the infection status of residents would be

recorded in daily notes along with care plans.

The inspector carried out a walkabout of the houses with the person in charge. The inspector observed a number of premises issues had been addressed from the previous inspection in line with the submitted compliance plan. One bungalow had carpet replaced with new flooring that aided the effective cleaning of the centre. Internal walls had been repainted, and one kitchen had undergone refurbishment with new counters and presses installed. Radiators in bathrooms which had rusted had been replaced.

The inspector viewed an outside shed of one house, which was used for storage and housed the property's washing machine and dryer. On the previous inspection, the inspector found the shed was cluttered and contained personal care equipment that was not stored appropriately on exposed concrete flooring. The inspector observed that this area had since been cleared and was much more organised and tidy. Personal care equipment for residents were no longer stored in this area. The inspector noted that an open pack of toilet rolls had been exposed to dust and debris, and the person in charge removed these during the inspection and informed the inspector going forward; these would no longer be stored in the shed.

The centre demonstrated effective cleaning and disinfection practices. Cleaning schedules were in place, specifying the frequency and methods of cleaning for different areas. The use of appropriate cleaning agents and equipment was evident. High-touch surfaces and communal areas were cleaned regularly, and the necessary equipment was provided to facilitate proper cleaning practices. The centre was also equipped with some facilities that promoted infection prevention and control practices, such as foot pedal-operated bins and wall-mounted hand sanitiser dispensers.

As mentioned earlier, staff members had access to various information regarding infection prevention and control practices. There was guidance regarding cleaning and disinfecting, laundry and also waste management. The guidance was found to be appropriate, reflecting best practices. However, information relating to the cleaning of mop heads required review. The inspector noted wet mops placed in buckets after use. When asked how these were disinfected, the inspector was informed that the mop heads were changed regularly. Guidance referring to the laundering of mop heads was not contained in infection prevention and control documents; however, it was asked in the provider's infection prevention and control audit were mop heads washed after every use. The inspector this gap in information did not provide effective guidance to staff.

There was an outbreak response plan in place for COVID-19 that included a contingency plan framework for service provision. Overall, the plan included contingency measures to follow if an outbreak occurred and how to control an outbreak and limit the spread of infection. However, on review of the outbreak plan, the inspector found it to be generic in nature and that the self-isolation plans within it did not give sufficient information on the self-isolation plans for residents and the layout of the zones in the house.

As previously mentioned staff had ceased wearing face masks in line with updated public health guidance dated April 2023 for residential services. This guidance was available in the centre, and memos had been communicated by the provider regarding the application of the new guidance. One such action was the risk assessment of each location in determining the risk level of removing face masks. This risk assessment had not been completed for this designated centre.

Within the centre, there were supplies of hand sanitiser and masks and gloves. It was indicated that further supplies could be ordered centrally from the campus nearby if full PPE was required. On-call managers were available to deliver PPE from stores on campus in the event of confirmed or suspected COVID-19. While this arrangement was well known in the centre and suitable to address storage limitations in the centre, emergency supplies of full PPE were required in the centre so that staff could utilise them without delay. Furthermore, the stock control of such items required review to ensure the expiry dates were checked. On reading the labels for some hand sanitiser bottles, the use-by dates had passed. Immediate action was taken by the person in charge to remove any expired products.

Regulation 27: Protection against infection

Overall, on the day of the inspection, the inspector found that the provider had not fully complied with the requirements of Regulation 27 and the National Standards for Infection Prevention and Control in community services (2018), and a number of actions were required to bring the centre into compliance. Although infection prevention and control measures, systems and structures were provided for; this inspection did highlight some areas for improvement, such as:

- Two rooms observed by the resident had mould present on the ceilings
- The infection prevention and control policy at a provider level required review
- Guidance for the disinfection and laundering of mop heads was not available for staff
- While staff were knowledgeable about personal protection equipment (PPE), the inspector noted that not all PPE was available in the centre as outlined in the centre's contingency plan.
- Self isolation plans for residents require development

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 St John of God Kildare Services - DC 13 OSV-0002964

Inspection ID: MON-0039832

Date of inspection: 04/05/2023

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> <ol style="list-style-type: none"> 1. The two rooms observed that had mould present on the ceilings has being escalated to the in house service maintenance team April 2023. Issue of presenting will be addressed and solution found by 31st of August 2023. 2. The infection prevention and control policy at a provider level has being reviewed and updated as of May 2023. Policy has being circulated to all residential locations staff teams; as of 8th of June 2023. 3. Guidance for the disinfection and laundering of mop heads will be included in the Local Operational Procedures by the 30th of June 2023. 4. In line with the centre’s contingency plan ‘Emergency PPE’ required for managaing suspected respiratory viral infection is in place at each location since 16th May 2023. 5. Individual Self isolation plans for all residents will be developed by 30th June 2023. 6. Weekly PPE Stock Control now includes check for expiry dates on hand sanitiser as of 16th of May 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	31/08/2023