



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

Issued by the Chief Inspector

Name of designated centre:	The Gables
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	08 February 2023
Centre ID:	OSV-0005289
Fieldwork ID:	MON-0038636

About the designated centre

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

This is a service providing care and support to four men with disabilities. The centre comprises of a four bedroom detached bungalow located in County Louth, just outside a small busy town. Each resident has their own bedroom which are decorated to their individual style and preference. Communal facilities include a shower room, a bathroom, a kitchen/dining room and a suitably furnished sitting room. There are also well maintained garden facilities to the front and rear of the property with adequate private and on street parking. Systems are in place to meet the assessed needs of the residents and their health, social and emotional care needs are comprehensively provided for. The service is managed and staffed by an experienced and qualified person in charge, an experienced and qualified clinical nurse manager I (CNM I), staff nurses and health care assistants.

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 8 February 2023	09:45hrs to 17:15hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and inspect the arrangements the provider had put in place in relation to infection prevention and control (IPC). The inspection was completed over one day. The inspector met with the four residents over the course of the inspection and observed their interactions with staff and their lived experience in the centre.

Residents appeared very happy living in the centre, and enjoyed daily activities such as helping with the housework, doing the grocery shopping, going out for lunch, or local walks. While it was evident that care and support was being provided in a homelike environment, the provider had not ensured that IPC standards were consistently being adhered to in the centre. A number of areas required attention for example, environmental hygiene, storage of personal protective equipment (PPE) and cleaning equipment, maintenance of the premises including the removal of bulky items, and staff training. All of these issues had not been addressed through the monitoring systems in the centre, and through effective governance arrangements.

The centre is a bungalow located in a village, close to a larger town. Residents could walk into the local village, where there were a number of shops and restaurants. Transport was provided should they wish to go out, and on the day of inspection three residents were helping with the grocery shopping, and they also went out for lunch. The centre had adequate facilities for residents including individual bedrooms, two bathrooms, a kitchen dining room, and a sitting room. There was a large garden to the front of the property and a smaller garden to the rear. Staff spoken with told the inspector that, one of the residents had recently had a garden party for their birthday.

On arrival to the centre, the inspector saw there was hand sanitiser available, and the staff member checked with the inspector regarding respiratory symptoms. There was adequate signage in the centre relating to IPC practices including, hand hygiene requirements and the use of PPE. An accessible hand hygiene guide was available in bathroom for residents' use.

The inspector was shown around the facility by a staff member and introduced to some of the residents and the staff. The inspector observed that parts of the premises were not clean specifically aspects of the kitchen, and that storage of PPE and cleaning mops required improvement.

Residents had an active lifestyle and were supported to avail of a range of activities. For example, beach walks, visiting farms, visiting family, or going to the cinema. Some residents preferred to spend time in the centre, and the inspector observed they were encouraged to get involved with household tasks, enjoyed meeting up with visitors to the centre, and were also offered a relaxation activity during the day. Staff were observed to be, respectful and kind in their interactions with residents,

and there was a relaxed and welcoming atmosphere in the centre.

Residents were supported to maintain links with their families, and families visited the centre, or some residents went home to stay with their loved ones. Positive feedback was provided by families and residents as part of the annual review, with residents and families stating they were happy with the service, facilities and activities provided in the centre.

The next two sections of the report outline the findings of this inspection in more detail.

Capacity and capability

There were governance and management arrangements in place; however, improvement was required to ensure the measures to protect residents from a potential healthcare acquired infection were consistently implemented and maintained. There had been inadequate oversight of environmental hygiene, and the storage arrangements for PPE and cleaning equipment. This meant that residents were exposed to potential hazards. The arrangement for maintenance in the centre also required improvements as well as the oversight of staff training.

While there were systems in place to monitor IPC arrangements in the centre, these were not effectively identifying some issues which required attention. For example, monthly IPC checklists since November 2022 and a hygiene audit in January 2023 did not identify some of the issues relating to environmental hygiene in the kitchen, and inappropriate storage of PPE and cleaning mops in the garage. There were a range of IPC audits which had been completed for example, a bi-annual hygiene audit, a quarterly walk-around by the person in charge, and as mentioned monthly IPC checklists. Some actions from these audits were found to be complete, for example, a worktop was replaced and painting completed in the utility, and funding had been requested for a renovation of a bathroom and floors.

Improvement was also required in the arrangement for maintenance in the centre. For example, storage presses in the garage were being used for items awaiting disposal. The person in charge outlined that a skip had been requested from maintenance; however, there was no documentary evidence that this had been requested in the past year. A previous email from 2021 was available. The person in charge outlined that maintenance was requested by email, and the inspector observed that a number of maintenance requests had been submitted. However, there was no system in place to confirm that this request had been received or processed by the maintenance department, and there was no timeline for completion of these required works.

The provider had developed a range of policies and procedures to support IPC practices in the centre. These included an IPC policy, a COVID-19 response plan, a

risk management policy and risk assessments.

The IPC policy included roles and responsibilities of staff in the service, auditing arrangements, risk management and standard and transmission based precautions, while the COVID-19 response plan also included communication with residents, easy to read information, use of PPE, IPC practices in the centre, and testing and reporting. Some improvement was required to ensure these documents were up-to-date and in line with practices in the centre. For example, the COVID-response plan did not outline the staffing contingency arrangements, and the IPC policy had been updated in November to remove the need for twice daily temperature checks. Notwithstanding this, additional staff had been provided during a recent outbreak in the centre.

The person in charge was nominated as the COVID-19 lead person, and in their absence the clinical nurse manager assumed this role. At a provider level, a clinical nurse specialist and the director of nursing were nominated as IPC leads, and were also part of an outbreak response team.

Risks related to IPC had been assessed as per the centre policy on risk management, and in most cases the control measures were implemented. However, some improvements was required to ensure IPC training was completed by all staff.

There were sufficient staff employed in the centre, and the staffing comprised a nurse and healthcare assistants. An additional nurse was due to commence working in the centre in the coming weeks. There were three staff on duty during the day and one staff in a waking capacity at night time. A staff member told the inspector there were enough staff on duty everyday to attend to all IPC precautions and environmental cleaning.

The provider had identified the training needs of staff, and five specific IPC courses were made available for staff to complete. However, the oversight of training required improvement. A training matrix was maintained; however, it did not specify which individual IPC courses staff had completed, and one staff did not have up-to-date training in IPC. Training certificates were made available on the day of inspection for the three staff that were on duty. The process for reviewing training required improvement to ensure that the person in charge knew each of the IPC training modules staff had completed, could validate this training with certification, and could plan and track required training for staff in the centre.

For example, as mentioned the person in charge had a copy of the training matrix, and communicated to staff when they required refresher training; however, staff submitted certificates to a centralised system, and the person in charge was not informed whether staff had completed training until such time as these records were centrally updated. This meant that the person in charge did not have a timely mechanism in place to provide assurances that staff had the required skills to implement IPC procedures.

The inspector met with a staff member who outlined a range of IPC measures in use in the centre. They were also knowledgeable on the signs of infection, the response to a suspected or confirmed case of infection, and the governance arrangements in

the service to manage an outbreak in the centre.

Quality and safety

Information was available for residents in an accessible format on issues relating to healthcare acquired infections and prevention measures. These included handwashing, cough etiquette, the use of PPE, activities choices during restrictions, getting a vaccine and COVID-19. There were weekly residents' meetings, and a range of IPC items were discussed with residents, for example, hand hygiene, cough etiquette, pneumococcal vaccine, as well as discussing policies on consent. Assessments had also been completed for residents on the support they needed to make an informed decision regarding COVID-19 vaccination. Residents had been provided with opportunities to avail of the relevant vaccinations and records of vaccinations residents received were maintained.

Residents had an annual review of their healthcare needs completed by their general practitioner (GP). Healthcare plans were developed based on residents' assessed needs, and guided practice. Plans of care had also been developed and implemented for residents during a recent outbreak of COVID-19 in the centre.

A staff member on duty showed the inspector around the centre, and most of the centre was clean. However, improvement was required in cleaning of the kitchen. Specifically the cooker hood had a significant build-up of residue, and a storage press was not clean. Similarly a shelf inside a kitchen press was stained, there was some damage to the paintwork on kitchen units, therefore the surfaces were not conducive to effective cleaning. The inspector reviewed cleaning records for the centre, and environmental cleaning was completed three times a day and once at night time. All records were complete, however, some improvement was required to ensure recorded tasks were appropriately completed. For example, the cooker hood and internal of a press. The inspector acknowledged that the person in charge had made arrangements, and the cooker hood was replaced on the day of inspection. Clinical equipment such as a BP monitor and an oxygen saturation monitor were regularly cleaned, and were stored appropriately, and medicines were also stored in hygienic conditions.

There were suitable arrangements in place for food safety overall, and the temperatures of all cooked meals, and of the fridge and freezer were checked daily. Food storage areas were observed to be clean. Residents were provided with suitable facilities for their personal care, and two bathrooms, and each individual bedroom were clean and well maintained.

There were adequate supplies of PPE in the centre and staff were observed to wear face masks at all times. However, there was inappropriate use of the storage available. PPE was stored in an adjoining garage; however, most PPE was stored in lidded plastic containers on the floor. Some PPE was stored in a press; however, the inspector observed that a bottle of garden chemicals was stored beside boxes of

disposable gloves, and there was a collection of leaves on the floor of the press beside rolls of hand towels. The garage was cluttered and there was a significant amount of items awaiting disposal, in storage presses. Cleaning equipment also not stored adequately, and a wet mop was stored on the concrete floor in the garage.

There was satisfactory hand hygiene facilities in the centre including disposable hand towels, hand soap and hand sanitiser. Staff were observed to check with all visitors to the centre regarding respiratory symptoms before entering the premises.

Arrangements were in place for the disposal of general waste, and pedal bins were provided throughout the centre. However, the kitchen bin was significantly rusted and required replacement. Adequate arrangements were in place for laundry, and residents clothes were cleaned separately.

The inspector reviewed documentation pertaining to a recent outbreak of COVID-19 in the centre, and the outbreak had been reported to public health at the time. A post-outbreak review and terminal cleaning had been completed after the outbreak, and confirmation received from public health of closure of the outbreak. Incidents of COVID-19 had been reported in incidents forms, and it was evident that learning had taken place. For example, risks related to self – isolation were identified and risk management plans were subsequently updated.

Regulation 27: Protection against infection

Overall the inspector found the governance arrangements in this centre were not effectively mitigating potential risks related to Infection Prevention and Control, and the standards required to ensure residents were consistently protected from healthcare acquired infections were not adequately implemented and monitored.

Areas of concern that were identified included:

- inadequate environmental hygiene in the kitchen
- inappropriate storage of PPE
- inadequate arrangements for the disposal of used items, stored in the garage
- inadequate storage of cleaning mops
- IPC training was not evidently updated by all staff
- inadequate oversight of IPC arrangements in the centre including staff training, maintenance, storage of PPE and cleaning equipment, environmental hygiene, and policies.

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 The Gables OSV-0005289

Inspection ID: MON-0038636

Date of inspection: 08/02/2023

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Cooker hood was cleaned on day and filter changed a schedule for filter change has been put in place 08.02.23. • Storage press cleaned 08.02.2023. • Shelf inside kitchen press was cleaned 08.02.23. • Stained shelf in kitchen press will be replaced 28.04.2023 • All kitchen press doors to be replaced 28.04.2023 • New bin purchased for the kitchen 09.02.23. • Overstock of PPE returned to the stores department 09.02.23. • Garage was cleared out and all items not required disposed of 12.02.23. • All PPE is now stored in labelled plastic containers, in a press in the garage 12.02.23. • A new mop storage shed has been purchased 13.03.23. <p>All Staff have completed IPC AMRIC courses.</p> <p>A review group has been established to look at the method of recording training within the service to ensure only mandatory training for the particular designated centre is displayed on the data base.</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. The Infection Prevention and Control policy has been reviewed to include the most up to date information on COVID guidelines.</p> <p>Staff team meeting held on 20/02/2023 and the following was discussed:</p> <ul style="list-style-type: none"> • Cleaning schedule • Appropriate storage of PPE • Mop & Cleaning equipment 	

PIC and house manager will complete a spot check on the completed cleaning schedule and the appropriate storage of PPE on each visit to the house.

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	28/04/2023