



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

Issued by the Chief Inspector

Name of designated centre:	Killowen House
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	31 May 2023
Centre ID:	OSV-0005671
Fieldwork ID:	MON-0040300

About the designated centre

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

The centre is a two bedroom bungalow located close to the centre of a large town in Co. Louth. Two gentlemen live in this centre. The centre is spacious and homely and each resident has a large bedroom. The staffing levels in the centre comprise of social care workers and health care assistants. There are two staff on duty during the day, who provide individualised supports to each resident and one staff supports residents at night. The person in charge is responsible for three other centres under this registered provider. They are supported in their role by a house manager to ensure effective oversight. Residents do not attend a formal day service instead, they choose activities on a daily/weekly basis that are in line with their personal wishes and goals. A car is provided so as residents can travel to a range of activities they enjoy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 31 May 2023	11:00hrs to 13:45hrs	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 spoke with a staff member on duty, the person in charge, observed practices and reviewed the records relating to IPC and the care and support needs of the residents.

On arrival to the centre, one of the residents had already left for the day to go for a drive, a walk and a coffee/lunch. This was part of the residents daily routine and was very important to them. The other resident was enjoying breakfast and was observed making a coffee for themselves afterwards. They had plans later in the day to go to the local gym where they enjoyed swimming and using the Jacuzzi. Staff were observed supporting the resident in a kind, respectful and patient manner.

The day before the inspection, the person in charge had conducted a full audit of the centre, and from this had highlighted actions that required attention. A staff meeting was scheduled to take place on the day of the inspection where the actions from this review would be discussed and delegated to staff members.

The centre was very clean and generally maintained to a good standard. There were a number of improvements required to the premises following the review conducted the day before the inspection which were mainly due to general wear and tear issues. The person in charge had compiled a list of improvements and informed the inspector that resources had been allocated for these improvements from the registered provider. Some of the improvements included, new furniture for the sitting room, some rooms needed to be repainted, the bathroom floor needed to be replaced, tiles needed to be re grouted and new storage facilities were required. The inspector found from a walk around of the centre, that the person in charges audit was comprehensive and included the areas that needed to be addressed.

Both residents had their own bedroom and bathroom. The bedrooms were decorated in line with their own personal preferences and with family pictures.

To the back of the property, there was a medium sized garden, with patio furniture and a large wooden swing. A new barbecue had been ordered as the residents like to sit out when the weather was nice. The garden shed had been converted for one resident into an area they could enjoy. Another resident was in the process of building an insect hotel. Staff were supporting the resident with this and when the resident was out for walks they were gathering wood that was used to build the hotel. Residents also enjoyed some gardening and had made some pieces of art

using recycled materials that were displayed in the garden.

The sitting room was spacious and on the day of the inspection this was being painted due to general wear and tear. The residents also enjoyed art and some of their paintings were displayed in their home.

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.

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. One hand sanitizer unit in the utility room was due to be fixed to the wall in the coming days. 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.

A staff member was observed carrying out some of the cleaning in the centre and was wearing appropriate PPE in order to do this. For example; when cleaning the floors the staff member used gloves, an apron and a colour coded mop.

Some of the residents required support to make choices about their care and support needs and, communicated this through gestures and non verbal cues. The person in charge outlined a quality improvement plan they intended to introduce to enhance this for residents.

Residents were also informed about things that were happening in the centre. Residents' meetings were held weekly where they were informed about some of their rights. For example; the right to feel safe and the right to make a complaint.

Residents were also supported to have meaningful lives. One resident was going on an overnight stay to a hotel soon. Another had been supported to go to a music concert. Both residents were members of the local football club and liked to attend some of the matches regularly. They were also supported to maintain their independence and one liked to be involved in cooking some of the meals and also liked to bake. The person in charge outlined a new goal they were going to discuss

with the resident and the staff team about enhancing the residents cookery skills.

Residents were supported to maintain contact with family members and a review of one residents' records showed that the resident had regular visits and contact with family members.

Overall, the inspector observed that the staff team maintained good IPC standards. However, some improvements were required. 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 provider had systems in place to manage infection prevention and control (IPC) issues in the centre. However, at the time of the inspection the person in charge had identified some improvements that were required to the premises, refresher training for staff and updates required to the records stored in residents' personal plans also needed to be addressed.

The centre had a defined management structure in place which consisted of a person in charge. The person in charge had been appointed to the role in April 2023. As they are responsible for three other designated centres, they are supported in this centre by a house manager. The person in charge reports to the director of care and support who is also a person participating in the management of the centre.

The day before the inspection, all three of the managers had conducted a full review of the centre to ensure a safe, quality service was provided to the residents. From this review, a number of action plans had been developed to address the issues identified. The person in charge verified that the registered provider had allocated resources to ensure that actions would be addressed in a timely manner. While the inspector acknowledges that this audit was comprehensive, given the list of improvements required, they were concerned that some of these issues had not been addressed in a timely manner prior to this audit. For example; an audit of personal plans found that some of the support plans (including residents isolation plans) had not been updated since June 2022.

The last six monthly unannounced visit of the centre conducted in January 2023 found that some improvements were required. The person in charge verified that some of the actions from this were still in progress. The actions from this audit had also not been included in the quality enhancement plan for the centre. This plan was in place to ensure that all actions were completed in a timely manner, therefore it

was unclear what oversight was in place for completion of these actions over the previous five months. However, the inspector was satisfied that the person in charge had this in hand at the time of the inspection.

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 matters.

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 no longer required to be worn routinely in the centre. Residents had also been informed of this at weekly residents meetings.

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.

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.

There was sufficient staff on duty to support the residents needs in the centre. There were no staff vacancies at the time of the inspection. The staff spoken with was knowledgeable around the supports residents required 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. At the time of the inspection the person in charge informed the inspector that some staff were due to complete refresher training in some areas.

Quality and safety

Overall, the inspector observed that the staff team maintained good standards regarding IPC. However, improvements were required to the premises, residents personal plans and a health care appointment for one resident.

As stated earlier, in general the property was clean and was maintained to a

reasonably good standard. However, since the audit was conducted the day before the inspection a number of areas of improvement were identified.

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. The audit conducted by the person in charge highlighted some updates that were required in support plans, risk management plans and other records stored in residents' plans.

Residents had timely access to allied health professionals. However, one resident was waiting on dental work since 2020, while this resident had been reviewed by a dentist recently, there was no clear plan outlining when this dental work would be completed. This needed to be reviewed.

Residents had isolation plans in place where required, should they need to isolate, however as stated earlier they had not been reviewed since June 2022. Residents had their own bathroom, which meant that they did not have to share bathrooms should they need to isolate. A staff member also went through precautions they would take if one resident found isolating in their room difficult.

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 waste and the staff were aware of the procedures to follow regarding this. There was no clinical waste in this centre at the time of the inspection. However, the provider had a policy in place to guide practice should this change in the future.

Colour coded mops were in place which were stored outside in a covered unit. Mop heads were changed and washed after each use.

There was a separate utility room and residents clothes were washed separately. A staff member was able to outline how they would manage soiled linen in the centre, should this be an issue.

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.

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, however some improvements were required.

Regulation 27: Protection against infection

The provider had systems and processes in relation to IPC in this centre. Auditing systems were also in place to ensure the service remained alert to any IPC related risk or issue. However, some improvements were required.

At the time of the inspection, the person in charge had undertaken a full audit of the centre. This had highlighted some improvements to the premises, the residents personal plans, risk assessments and refresher training for staff. These needed to be addressed to ensure that residents were assured a safe quality service.

A dental appointment for one resident needed to be reviewed and followed up.

Improvements to the premises included:

- some of the living room furniture needed to be replaced
- flooring in one bathroom needed to be replaced
- cracks in the kitchen tiles needed to be addressed
- hand sanitising unit in the utility room needed to be fixed to the wall
- residents bedrooms needed to be repainted
- one residents armchair needed to be replaced
- grout in one of the bathrooms needed to be addressed.

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 Killowen House OSV-0005671

Inspection ID: MON-0040300

Date of inspection: 31/05/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Improvements to the premises have been completed to include:</p> <p>New furniture purchased 02-07-23. Flooring in one bathroom replaced 22-6-23. Laminate Flooring replaced in hallway, bedroom & Den 21-6-23. Kitchen floor replaced on 28-6-23. Hand sanitising unit in the utility room fixed to the wall 1-6-23. Both residents' bedrooms repainted in the colour of their choice 16-6-23. Communal areas painted & woodwork painted 30-6-23. One resident's armchair replaced 2-7-23. Grout in one of the bathrooms addressed & new storage facilities in place 13-6-23.</p> <p>Dental appointment reviewed and followed up on by PIC, phone call received from Dental Clinic on 21-6-23 to note resident is 3rd on the wait list and will have a date for appointment soon.</p> <p>All Risk assessments updated, printed and in place on 12-6-23</p> <p>IPC Refresher training completed by all staff who required same on 18-6-23</p> <p>Actions from audit in Residents personal plans to include update of isolation plans completed on 30-6-23.</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	30/06/2023