

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

Issued by the Chief Inspector

Name of designated centre:	Kill Avenue
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	07 December 2022
Centre ID:	OSV-0006747
Fieldwork ID:	MON-0035572

About the designated centre

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

Kill Avenue is a designated centre operated by St. John of God Community Services CLG. This designated centre provides full-time residential services for up to two adult residents with intellectual disabilities and autism support needs. The centre is located near a town in South County Dublin and provides public transport routes and amenities within a reasonable walking distance from the centre. The centre is a one storey property and comprises of two living room spaces a shared kitchen and dining area and two bedrooms. Residents are also provided with adequate accessible toilet and bathing facilities. A well maintained garden space is situated to the rear of the property. The provider has also made arrangements for parking facilities to the front of the property. The centre is managed by a person in charge who is also responsible for two other designated centres located nearby. The person in charge is supported in their role by a social care leader and senior manager. Residents are supported by a team of social care workers.

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 7 December 2022	09:55hrs to 14:15hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. The inspector had the opportunity to meet with one of the residents on the day of inspection. The other resident was being supported by staff on holiday and so was not available to meet with the inspector. The inspector wore a face mask and maintained social distancing as much as possible during interactions with the resident and staff.

The inspector saw, on arrival to the designated centre, that it was well-maintained and welcoming. The exterior of the house was bright and well kept. The inspector was greeted by staff on duty who were seen to be wearing appropriate personal protective equipment (PPE). Staff were aware of the management systems in the centre and made contact with the person in charge who attended the centre to facilitate the inspection.

The inspector's temperature was checked and they were asked to sanitise their hands. The inspector saw that there was signage in the hallway by the front door reminding visitors of the importance of good hand hygiene. There was also availability of a hand sanitiser and masks if required by visitors.

The inspector was greeted by one of the residents. This resident asked the inspector their name and what they would be doing in the house. They agreed that it would be ok for the inspector to look around their home and then returned to their morning routine. Staff informed the inspector that they were supporting the resident to attend their general practitioner for a scheduled appointment and that they then would be going bowling.

Another resident, who was on holidays at the time of inspection, was in the process of moving to another designated centre. This was in light of peer compatibility issues which had been ongoing in Kill Avenue for some time. The provider had recently registered another designated centre and it was intended that one resident would move to this house to support them to live in an environment which was person centred and supportive of their rights. The inspector was informed that the resident would be moving the week following the inspection. The person in charge told the inspector that, in time, they hoped Kill Avenue would become a single occupancy centre which would further enhance the person-centred service being offered to the remaining resident.

The inspector saw that the designated centre was very clean and was decorated in a homely manner. Residents had access to their own bedrooms and their own sitting rooms. These were found to be decorated in line with residents' preferences and personal tastes. The kitchen was generally well maintained although there was some water damage to the laminate kickboard under the dishwasher and on the kitchen windowsills. Other minor premises issues were identified. These were known to the

provider and will be discussed further in the quality and safety section of the report.

Overall, the atmosphere in the centre was found to be familiar and friendly. Staff were seen to engage with the resident in a friendly and supportive manner. The resident appeared comfortable in their home and were supported to complete their preferred routines at their own pace and in the manner they wished.

The inspector found that the centre was generally operating at a high standard for infection prevention and control practices. There were some areas for improvement identified, however many of these were known to the provider and had already been identified in their audits.

Capacity and capability

The inspector found that there were comprehensive local arrangements for the management of IPC risks in the designated centre and, that the centre was operating in a safe manner which reduced the risk of transmission of infection to residents. However, the arrangements at provider level to ensure adequate oversight of IPC required enhancement. The provider had not nominated a person with overall responsibility and authority for the management of IPC within the service. This was required by the National Standards for Infection prevention and control in community services (HIQA, 2018). While IPC audits were in place locally and were reviewed by the quality and safety team, it was unclear who had the overall training, competencies and ultimate responsibility to respond to and escalate IPC related risks to the provider level.

The inspector saw that there were good local IPC arrangements in place and that IPC risks were managed in line with public health advice. There was a comprehensive outbreak management plan in the centre, as well as detailed cleaning schedules and defined staff roles and responsibilities. However, it was evident that the absence of an IPC lead at the provider level was presenting some challenges to the oversight of IPC arrangements. For example, the programme manager was responsible for updating local operating procedures pertaining to COVID-19 and public health advice. This was in addition to their other duties as programme manager. The inspector saw that some of these local operating procedures were out of date and contained information which was no longer relevant. The residential programme manager and person in charge were aware that these were out of date and assured the inspector that residents were supported in line with current public health guidelines and not as per the local operating procedures.

A COVID-19 committee had been in place during the pandemic however this was no longer in operation. The inspector was informed that the provider was in the process of reviewing their oversight arrangements in relation to IPC. The provider had

effected an IPC policy in 2018. This was in the process of being reviewed and updated at the time of inspection.

There were a series of audits in place in the centre which captured general risks as well as IPC risks. A quality enhancement plan was in place and was used as a live document to reflect risks in the centre and to monitor actions taken to address them. There was a quality improvement plan specific to IPC in place in the centre. This plan documented risks such as damage to walls, wear and tear to floors and bathroom ventilation.

Staffing levels were maintained in a manner suitable to meet the needs of the residents. The provider used a panel of regular relief and agency staff to fill gaps in the roster. This supported continuity of care for residents.

There was generally a high level of training maintained in relation to IPC. The inspector saw that all staff were up-to-date in training in standard precautions, COVID-19 and cough etiquette. Approximately half of the staff team had completed training in lymphedema and cellulitis. These were identified health needs in the centre. The rest of the staff team required this training. The person in charge had recently informed staff of the need to complete this training. Staff spoken with were aware of their roles and responsibilities in relation to preventing transmission of infection.

Overall, the inspector found that local arrangements for management of IPC risks were effective however the roles and responsibilities of those with oversight of IPC at the provider level required definition.

Quality and safety

The inspector found that residents in this centre were in receipt of a service which was safe and person-centred. Residents were well informed regarding IPC and were provided with education and support to understand IPC precautions relevant to their home and their care needs.

The inspector saw that there was a large volume of accessible information available to residents to support them to understand measures to protect themselves from COVID-19. Visual information relating to hand hygiene and cough etiquette was available in the centre. Residents also had been supported to understand the vaccination process through the use of social stories.

Residents were supported to understand their health conditions and the supports available to them through easy to read and accessible information. The inspector saw that accessible consent forms were completed to gain residents' consent to referrals to allied health professionals. Additionally, information was available for

residents pertaining to national screening programmes and to their diagnosed health conditions.

Care plans were in place for diagnosed healthcare needs. These care plans provided clear information to staff on the IPC precautions that should be taken when supporting residents with these needs.

There were good procedures in place to reduce transmission of infection. There was ready availability of hand sanitiser throughout the house and the inspector saw staff sanitising their hands regularly. There were comprehensive cleaning schedules which defined the responsibilities for all staff.

Some residents presented with health conditions which could pose a risk of transmission of infection. The inspector saw that comprehensive care plans and risk assessments were in place in this regard. Risk assessments contained control measures which were proportionate and person-centred.

Residents had access to nursing care through the public health nurse where required. There was a need for regular wound dressings in the centre. The public health nurse provided this support. The inspector saw that additional sterile wound dressings were kept in the centre and that staff were aware of the precautions to be taken to prevent risk of transmission of infection when supporting a resident with a wound. The inspector was also informed that swabs were taken by the GP as required when there was a concern regarding infection or potential colonisation.

There was very little medical equipment in use in the centre. The inspector saw that a CPAP mask had been washed and was drying on kitchen roll in the kitchen. This was not in line with the CPAP care plan. The person in charge stated that this would be reviewed and a more suitable drying place would be found.

Outbreaks of infectious diseases were identified, managed and responded to in a timely manner. The inspector saw that there was a comprehensive outbreak management plan as well as individual COVID-19 management plans in place. These were detailed and provided clear information on pathways for staff to follow to manage an outbreak of infection.

Regulation 27: Protection against infection

Overall the inspector was assured that local arrangements in this centre were supporting the delivery of care in a manner which was generally in line with the National Standards for Infection prevention and control in community services (HIQA, 2018). There were comprehensive outbreak management plans in place, staff were well informed regarding IPC and regular audits identified risks pertaining to IPC in the centre. However, there were some areas identified which required review by the provider to ensure that the centre was fully implementing the National Standards. These areas included:

- The provider had not nominated a person with overall responsibility and accountability for the management of IPC risks in the designated centre.
- Some local operating procedures required updating to ensure they were in line with public health advice. For example, the local operating procedures for visiting arrangements.
- Approximately half of the staff team required training in lymphedema and cellulitis.
- A CPAP mask was drying in the kitchen which was not in line with the care plan. The care plan required review to ensure the CPAP mask was left to dry in a location which did not present risk of transmission of infection.
- There were several premises issues which presented a risk of transmission of infection. The inspector saw that these were known to the provider and had been identified on their own IPC audits. These included:
 - wear and tear to flooring. The laminate cover of some floorboards was worn. This presented a risk as floors could not be effectively cleaned
 - the ventilation in the main shower room required improvement.
 - a pedal bin in the toilet was rusted and required replacement
 - the ceiling paint in the toilet was flaking off and required repair
 - the laminate kickboard under the dishwasher was warped and required repair
 - windowsills in the kitchen were damaged and required repainting
- The designated centre did not have access to a laundry room. Clothes were washed in the kitchen and dried on a clothes horse. This presented a risk of transmission of infection. The provider had planned to build an external laundry room however this plan had been delayed due to funding issues. There was no time-bound plan in place for the construction of a laundry room.
- While a laundry protocol was in place, there were times when this could not be followed due to residents' preferences and routines. The provider had attempted skills teaching for residents however this had not been fully effective in mitigating against the risk of transmission of infection.

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 Kill Avenue OSV-0006747

Inspection ID: MON-0035572

Date of inspection: 07/12/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none">1. Nominated person for IPC oversight; an individual with appropriate training will be nominated to oversee IPC in the centre by 31-03-2023. In the meantime the IPC management committee will continue to meet monthly.2. Local operating procedures; All out of date local operating procedures were reviewed and updated in December 2022 in line with national guidance3. A sealed plastic container has been purchased for storage and drying of the CPAP mask since inspection date4. All staff have completed lymphoedema training since the inspection date5. Flooring is scheduled for replacement by 30-03-20236. An outdoor laundry room is scheduled for construction by 30-03-20237. Ventilation in the main shower room; a velux window in this room is scheduled for construction by 30-03-20238. The pedal bin in the bathroom has been replaced with a new bin since the inspection date9. Ceiling paint in the WC room; ventilation issue being resolved as part of a larger project re exterior vents and roof tile/vents-due for completion by 30-03-2023.10. Kickerboard in the kitchen; scheduled for repair/replacement by 30-01-202311. Kitchen windowsills; scheduled for repair/replacement by 28-02-2023	



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.	Substantially Compliant	Yellow	31/03/2023