

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

Issued by the Chief Inspector

Name of designated centre:	Rose Cottage
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	31 March 2023
Centre ID:	OSV-0007750
Fieldwork ID:	MON-0038899

About the designated centre

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

This service provides residential care and support to three adults with disabilities. The house is located in Co. Louth and is close to a large town. Transport is provided so residents can go for drives and access community-based amenities, such as; shopping centres, hotels, shops, pubs and restaurants. The house is a compact terraced bungalow with a large, well-equipped kitchen/dining room (including a small TV area), a small separate sitting room, a large communal bathroom, an external laundry facility and very well maintained gardens to the rear and front of the premises. There is also ample on-street parking at the front of the property. Each resident has their own bedroom, which are personalised to their style and preference. The house is staffed twenty-four hours by a team of staff nurses, a social care worker and a team of health care assistants. There is also an experienced person in charge who is supported in her role by an experienced team house manager. Three staff members work during the day to support the residents while one staff member works waking nights.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Friday 31 March 2023	09:00hrs to 13:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector was greeted by a staff member on their arrival at the residents' home. The staff member completed a short health screening assessment with the inspector before inviting them in.

Two residents were up and ready to engage in their planned activities. One of the residents was still relaxing in their room. Three staff members supported the residents which meant that residents received one-to-one staffing support during the day and the review of records showed that residents and staff engaged in activities outside of their home almost daily.

The residents were supported to go for scenic walks in and around their home and visit nearby towns and villages. One of the residents was also supporting their local football club and was attending home league of Ireland games with the support of staff. Some of the residents also liked to be involved in shopping trips.

The residents appeared happy in their home, they were observed to have their own ritualistic routines, which they were supported to complete by those working with them. The inspector was introduced to the three residents with limited verbal communication skills. Therefore, the inspector could not gather the residents' input regarding IPC practices, and the impact control measures had upon them. The inspector found that residents had been given information regarding IPC practices and the COVID-19 pandemic and the topic was discussed during the weekly resident meetings.

The residents appeared happy in their home. The inspector also observed that the staff members working with them respectfully supported the residents. Staff members followed standard-based precautions and wore appropriate personal protective equipment (PPE) throughout the inspection.

The inspector found that the staff and services management teams were ensuring that effective IPC practices were completed daily. However, it was found that some issues relating to the property posed IPC risks, including the current utility room, flooring in the sitting room and damage to presses in kitchen cupboards. The person in charge and the house manager had raised these concerns via their auditing practices. Still, there had been delays in the issues being addressed.

The impact of these issues will be discussed in further detail in the next two parts of this report.

Capacity and capability

There were appropriate governance structures in place which ensured that IPC practices were under close review. The person in charge was responsible for the overall management of IPC practices, they were supported by the house manager and the other staff members to ensure IPC practices were effective within the centre.

The inspector found that IPC practices and control measures were audited weekly, monthly and quarterly. The auditors identified areas that required improvement, and there was evidence of issues raised with the provider's senior management team however, there had been delays in these being addressed.

On the day of inspection, a member of the provider's senior management team assured the inspector that the required work would be addressed in the coming days. A provider's maintenance team member also visited the residents' home and confirmed that improvements would be made in the next week.

The inspector reviewed the staffing rosters and found that the provider was ensuring that safe staffing levels were maintained in the service. The provider was, however, relying on staff members to complete additional shifts along with the supplementation of on-call staff and, on occasion, agency staff. A member of the provider's senior management informed the inspector that a recruitment drive was in progress. They also explained that agency staff members were only used when all other avenues were exhausted. While safe staff levels were maintained, there were two full-time staff vacancies.

The provider and the management team ensured that staff had access to appropriate information. Staff members had access to, online information regarding best practices and hard copies of information. The review of the information found that it was kept up-to-date. The provider had also developed a policy specific to IPC along with standard operating procedures, which will be discussed in the quality and safety section of the report. As noted earlier, the staff members were observed to follow standard-based precautions when supporting the residents. The inspector, on this occasion, did not have the opportunity to review staff members' knowledge of the contingency plans as they were supporting residents outside of their home.

The provider had completed unannounced visits to the service to conduct reviews of the quality and safety of care provided to residents as per the regulations. The inspector reviewed these and found that IPC practices formed part of the review. The inspector also found that following an outbreak of the COVID-19 virus, the provider had completed a post outbreak review. The provider has reviewed how successful the COVID response had been and which areas required improvement.

The house manager was aware of their overall responsibility for overseeing IPC and regular staff meetings were held. The inspector reviewed a sample of the meeting minutes and found that IPC practices were discussed along with information sharing.

Quality and safety

The inspection found that the social and healthcare needs of the residents were met by the provider and the staff team supporting them.

A sample of residents' information was reviewed. Residents had recently received booster vaccines for the COVID-19 virus. There was evidence of the residents being prepared to receive the vaccine, and their consent was sourced before receiving it. The health needs of the group of residents were under close review, and residents were supported to attend appointments when required.

Covid-19 care plans had been set up for each resident. The isolation plans in place were detailed and contained records of how residents responded to the implementation of the plans when required.

The residents had been presented with information regarding IPC practices and the COVID-19 pandemic. While residents had been presented with the information, they had a limited understanding of its bearing.

The staff members engaged in IPC practices daily. Each day, a shift huddle was held to remind staff of their duties, including IPC practices. There was a daily cleaning schedule in place and arrangements for the cleaning and disinfecting of equipment when required. The inspector looked at the recording documents and found that cleaning tasks were signed off as completed each day. The inspector found that the residents' home was clean and that efforts had been made to create a homely atmosphere. However, parts of the resident's home required repair or replacement, which impacted the staff team's efforts and ability to clean the centre.

From an IPC risk perspective, the shelving in some of the kitchen presses needed to be replaced as there was damage to the surface. This meant that the surface could not be appropriately cleaned. The flooring in the residents' sitting room also posed an IPC risk. The flooring was again damaged in some areas, meaning it could not be properly cleaned. These issues had been raised in the IPC audits but had not been addressed.

Another area identified in the audits and the most concerning issue was the flooring in the utility/storage room. The utility /storage room was located in a shed in the back garden of the property. The wooden flooring was identified as an IPC risk as it was damp, and parts of the flooring were rotten. Residents' wash baskets were brought from their bedrooms into this room when their laundry was completed. This did not promote effective IPC practices, as the staff could not ensure the area was clean due to the rotting floor. As noted, this had been identified as a risk. It was escalated in late 2022 to senior management, but there were delays in the response. The inspector does note that there was a plan to address the issues in the coming days.

There was clear guidance for staff members regarding cleaning and disinfection

practices. Standard operating procedures had also been devised regarding managing residents' laundry, household waste and clinical waste. The inspector found that the information available to staff was concise and aligned with guidelines.

Regulation 27: Protection against infection

The staff team were employing appropriate IPC practices daily. These practices and control measures were under regular review, and the reviews identified where improvements were required.

The inspector found delays in the provider's response to the actions identified in their own auditing process. As discussed earlier, the floor's surface in the sitting room was damaged, as were shelves in the kitchen presses.

Of most concern were the flooring and general cleanliness of the utility room area. As noted above the flooring of the shed was rotting and damp. This did not promote a clean environment.

The provider failed to respond to the issues the staff team and house manager identified within a reasonable timeframe. This did not demonstrate effective management and allowed IPC risks to remain in the service.

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 Rose Cottage OSV-0007750

Inspection ID: MON-0038899

Date of inspection: 31/03/2023

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
Outline how you are going to come into compliance with Regulation 27: Protection against infection: <ul style="list-style-type: none"> • Floor in shed/utility room replaced completed on 03.04.23. • Kitchen presses repaired completed on 03.04.23. • Floor in sitting room will be preplaced by 30.06.23. 	

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	30/06/2023