



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

Issued by the Chief Inspector

Name of designated centre:	Designated Centre 20
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	05 April 2023
Centre ID:	OSV-0007904
Fieldwork ID:	MON-0039833

About the designated centre

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

DC20 is a designated centre operated by St. John of God Community Services CLG located in a rural location near the County Kildare/Meath border. The centre provides full-time residential services for up to three male adults with intellectual disabilities. The centre is supplied with a transport vehicle and provides secure, large outdoor garden and parking spaces. The centre comprises of a detached two-storey house with a large kitchen and dining area and two separate living room spaces. Residents have their own private bedrooms which have been decorated to residents' personal preferences and with due regard for residents' assessed needs. The centre is staffed by social care workers and health-care assistants and is managed by a person in charge who is also responsible for one other designated centre. They report to a person participating in management who supports them in their management role.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 5 April 2023	10:50hrs to 14:10hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation. The inspector met and spoke with the person in charge and staff who were on duty throughout the course of the inspection. The inspector also had the opportunity to meet with the three residents who lived in the centre. The inspector used conversations with residents and staff, observations and a review of the documentation to form a judgment on the overall levels of compliance in relation to infection prevention and control.

Overall, the inspector found while residents enjoyed living in the centre and were afforded a high quality service, the oversight of the general infection, prevention and control arrangements in the designated centre required review so that staff were informed of and were effectively implementing procedures, consistent with the National Standards for infection prevention and control in community services.

Regulation 27 requires that 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 HIQA. The standards that are assessed under this regulation are the National Standards for infection prevention and control in community services 2018. In assessing Regulation 27, the extent to which a provider has implemented the standards is considered.

The designated centre is a community-based dormer bungalow for three residents with an intellectual disability. This designated centre is located in a rural location in Co. Kildare. The centre has its own transport for the residents and provides a secure large outdoor garden. The centre is staffed by social care workers and healthcare assistants and is managed by a social care leader who is the person in charge.

On arrival to the centre, it was observed that some staff wore surgical masks and others did not. The inspector was informed by staff that the continuation of wearing masks was no longer required, as stated in recently updated public health guidance for residential facilities. When the person in charge arrived at the centre, they explained that the provider had issued a communication confirming this change in practice in recent days. While the inspector was aware of the change in protocol, the guidance and risk assessments in the centre had not been reviewed in line with the changes to ensure they had been effectively assessed.

The inspector had the opportunity with the three residents living in the centre. Two residents were finishing breakfast, and another resident was watching television. All three residents had lived together for several years and had met the inspector on previous inspections. They spoke about how much they viewed the house as their home and that staff were very helpful and they had good fun together. Residents

spoke about their friends, plans for birthday celebrations and Easter.

Residents knew who their keyworkers were, and this staff member's role in supporting residents in meeting their goals and aspirations. Residents spoke to the inspector about the choices they make every day regarding the activities they choose to engage in and how they spend time in their home. The inspector observed that residents appeared relaxed and content in the presence of staff, and that staff demonstrated respect for the residents through helpful and positive interactions. Staff offered residents tea and coffee and snacks throughout the inspection and were clearly aware of individual preferences.

The service provided individual wrap-around day service provisions to residents. Residents were given a choice to attend formalised day services or receive these supports within their homes, and the residents living in this centre chose centre-based activities and attending individual activities in the community. Residents spoke about how it was important to them to get out every day, including going to the gym, social farming and going for coffee. Residents told the inspector they informed the provider that the house vehicle was having issues and they had requested could it be replaced. Residents could choose when they got up and if they wanted to have a lie-in or not. The inspector learned that residents were supported to plan to go on holidays, and one resident told the inspector they were planning a trip to England, and another resident said they wanted to holiday in Ireland.

While the premise was generally seen to be homely and clean throughout this inspection, the inspector overall found that while the provider had enacted policies and procedures to support effective infection prevention and control practices, improvements were required to the implementation of these practices. This was to ensure that care was underpinned by these standards, and to reduce the potential for residents to contract a healthcare-associated infection. As the inspection findings will demonstrate, the national standards and the accompanying assessment framework were not well known or applied in the centre.

The remainder of this report will provide an overview of how the provider had ensured they were meeting the requirements of regulation 27: Protection against infection, and how they had implemented the National Standards for infection prevention and control in community services (2018).

Capacity and capability

The Health Information and Quality Authority (HIQA) last inspected this designated centre in February 2022, where an overall good level of compliance with the regulations had been found, including a sub-compliance with Regulation 27: Protection against infection. As part of a programme of inspections commenced by HIQA in October 2021 focusing on the 2018 National Standards for infection prevention and control in community services, it was decided to conduct such an inspection of this centre to assess infection prevention and control in more recent

times. As such, Regulation 27, which requires the provider to adopt procedures consistent with relevant national standards, was the only regulation reviewed during this inspection. In line with the national standards, key areas of focus on this inspection included governance of the centre and monitoring of infection prevention and control practices by the provider and staff.

Regulation 27 requires registered providers to implement procedures consistent with the National Standards for infection prevention and control in community services, published by HIQA. During the inspection, the inspector found that there was an inconsistent application and knowledge of the standards in the service. The provider-level arrangements to ensure adequate oversight of infection prevention and control needed to be improved and coordinated in order to provide sufficient guidance regarding the organisational approach to infection prevention and control matters.

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 also responsible for a second designated centre, and based themselves between the two locations. The person in charge knew the residents and their support needs well. The person in charge also worked closely with the wider management team. They were supported in their role by a residential co-ordinator, the named person participating in management (PPIM).

The Programme Manager and the person in charge both work full Monday through Friday. Staff had access to an on-call system outside of normal working hours. Procedures were in place for reporting incidents of a serious nature and notifications under the Regulations, Health Act 2007.

It was found during an infection prevention and control inspection of another designated centre under the provider in January 2022 that the provider had not nominated a person with the overall responsibility and authority for the management of infection prevention and control within the service. While an assistant director of nursing previously (ADON) held this post, the role had not been reassigned when this post became vacant a few months prior to the inspection. The role of an infection control and prevention lead is required by the National Standards to demonstrate evidence under Standard 5.1. This standard explains that a senior identified individual at the highest level for that service has overall accountability, responsibility and authority for infection prevention and control within the service. This includes accountability and responsibility for overseeing the implementation of these National Standards. The inspector was informed that there was now a named person as the infection prevention lead in the centre.

A supervisor's forum was held monthly with all senior managers, persons in charge and social care leaders within the region. The inspector found that elements of infection prevention and control were discussed in the two most recent meetings from March and February 2023. The infection prevention and control lead presented

on sharps, sharp injuries, masks, and hand hygiene to attendees.

Also identified in previous inspections was the absence of clear guidance for staff regarding infection prevention and control matters as required by the national standards. The provider had actioned this failing on 07 February 2023, directing all centres to implement infection prevention and control folders so that staff could easily access up-to-date information, such as new or revised guidelines, national updates and relevant policies. The inspector was informed that these folders were being complied with in a different location and were unavailable for review during the inspection. The inspector viewed the content sheet for these folders and saw that they included an infection control and prevention hazard identification risk tool, water hygiene, local procedures to manage infection and control, and other policies. As such, these were not available for the inspector to review.

The Chief Inspector of Social Services has 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 inspector requested to view any such completed assessments; however, it was found that these assessments had not been completed in some time and were not available for review.

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 policies were reviewed on the day of inspection. The inspector found that the content within these plans were not well known or not applied. The regional contingency plan dated October 2022 was available for review and referred to staff being nominated for lead infection, prevention and control training. The person in charge was not aware of what staff had been nominated or if this training had been completed. The provider had put together an infection, prevention and control committee at an organisational level, which included members of the senior management. Meetings of the regional infection control committee minutes were not available for review. A more recent version of the contingency plan, dated February 2023, was produced later in the inspection. This version included details of the three link staff to support best practices in relation to infection, prevention and control within the region.

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. As previously mentioned up-to-date information was not available in the centre and while staff meetings were occurring, infection prevention and control was not a standing agenda on such meetings. The provider had listed seven training requirements.

Quality and safety

With regards to infection prevention and control, the registered provider and management team had not ensured that the service provided was in line with national guidance for residential care facilities. 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 focused on Regulation 27 alone and improvements were required regarding the adherence to this regulation, it was seen that residents were in receipt of a good quality service and were supported by a caring, experienced and skilled group of staff. Staff were observed to engage with residents in a warm, friendly and professional manner and, residents appeared comfortable and at ease in their presence. Residents told the inspector they were happy in their home and were able to live their lives as directed by themselves.

Staff in the centre had the responsibility of cleaning the premises. The physical environment of the designated centre was generally bright and well maintained. There was clear guidance available as to how often each area of the premises was to be cleaned, including specific information about how to clean high-touch points. Cleaning records were well maintained and overseen by the person in charge. There was a utility room in the house, which was maintained in a clean and tidy manner. This area was neatly organised and facilitated the management of laundry in a way that minimised cross-contamination.

The centre had adequate facilities for residents, including individual bedrooms, two bathrooms, a kitchen and dining room, and two sitting rooms. There was a large garden to the front and rear of the property. Arrangements were in place for household waste and personal protective equipment (PPE) to be disposed of where necessary. As highlighted earlier in the report, the centre was seen to be well presented and clean. The inspector completed a walk around of the centre with the person in charge and found the majority of premises issues had been self-identified in the audit; however, further improvements were required in the restocking and refilling of hand towels and toilet rolls. One bathroom did have these available for visitors. A second bathroom also did not have single-use towels. The person in charge informed the inspector that there had been some recent difficulty in receiving supplies from stores. This required addressing so the centre was adequately supplied for residents, staff and visitors.

Residents spoken with were aware of the requirement for hand washing and spoke to the inspector about receiving the COVID-19 and Influenza vaccines. Residents also told the inspector about various other health appointments and checks they had attended.

Colour-coded mops were in use; however, the effectiveness of this colour-coded system was compromised by the mops not being washed in line with the provider's

procedure for laundering mops. The inspector was informed that mop heads were washed after every use; however, when viewing the storage of mops, wet mops were observed placed in buckets in the utility room. No other mop heads were available in the laundry room apart from unopened mop heads. Therefore it was not clear that the system for rewashing mops was adequate.

The provider had documented that an infection prevention control audit was completed monthly, and the inspector viewed the last completed audit from February 2023. This audit was effective at identifying environmental and premises issues as observed during the walk around of the centre. For example, it had been identified that pedal-operated bins were required in some areas, storage of cleaning materials needed addressing, and some hand sanitisers needed refilling. The audit's scope did require broadening in order to capture improvements under the various standards required for Regulation 27.

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.

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. Some examples taken from the above findings show how the provider was unable to adequately demonstrate how they were ensuring they had implemented the national standards for infection prevention and control in accordance with regulation 27.

- The provider did not have effective structures and arrangements in place to measure and oversee the performance of implementing the national standards into practice.
- The provider has clearly described the minimum infection prevention and control training requirements for staff, which are mandatory; however, not all of these have been completed.
- The infection, prevention and control policy required review. 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.
- Some relevant infection, prevention and control documentation focused on COVID-19 rather than other respiratory illness.

- The contingency plan for the centre had not been thoroughly reviewed and updated at the time of this inspection.

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 Designated Centre 20 OSV-0007904

Inspection ID: MON-0039833

Date of inspection: 05/04/2023

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. Infection prevention and control folder has been reviewed and updated as per the content sheet viewed on day of inspection. It includes: <ul style="list-style-type: none"> • Local operational procedures to manage IPC • Local contingency plan reviewed and updated in line with updated Regional contingency plan. 19/04/23 • National Standards for the prevention and control of healthcare-associated infections in acute healthcare services included. • Assessment judgement framework for Regulation 27 included. 2. Infection prevention and control is now a standard agenda item on all team meetings. The PIC will ensure that staff are informed and are knowledgeable about the contents of contingency plans and other relevant IPC documentation. 3. A HIQA Self assessment audit was completed on 09/05/2023 4. The HIQA Self assessment tool for preparedness planning and IPC has been added to the centre's schedule of audits for 2023. 5. PPE risk assessment completed in line with HSE referencing 'Point of care' risk assessment as a key control measure. 28-04-23 6. The training matrix has been updated with the required AMRIC training courses as per the Regional Contingency plan. Staff have been informed and are in the process of completing the courses. Training will be completed by 31/05/2023. 7. The supply of single use paper towels has been resolved. The PIC will ensure that the centre is sufficiently stocked at all times and bathroom cabinets have been purchased to store additional stock in the bathrooms . 28-04-23 	

8. The procedure for washing mops is under review. A local operational procedure will be completed. 31/05/2023.

9. The organisation is currently reviewing the IPC policy to include HSE and HIQA recommendations. This policy will be ready by 30.06.2023

10. The organisation is developing a number of staff with Link IPC training to support the residential units with IPC standards. There are two such practitioners in the region.

11. IPC audit outcomes to be escalated to the IPC committee where there is a barrier to compliance.

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