



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

Issued by the Chief Inspector

Name of designated centre:	Oak Hill
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	23 August 2022
Centre ID:	OSV-0007954
Fieldwork ID:	MON-0035834

About the designated centre

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

This is a service providing care and support to four adults with disabilities. The centre comprises of a large four bedroom dormer bungalow, a sitting room, a large kitchen cum dining room, a large second sitting room, a utility room, communal bathroom facilities and a staff office on the first floor.

Each resident has their own fully furnished spacious bedrooms complete with walk in wardrobes (with one bedroom one being ensuite). Private garden areas are provided to the front and rear of the property with the provision of adequate private parking to the front of the property.

The house is located in a peaceful rural setting but within easy access to a number of villages and towns. Private transport is also available to the residents for social outings and trips further afield. The service is staffed on a 24/7 basis with a person in charge, a house manager, a team of staff nurses and team of healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 23 August 2022	11:00hrs to 15:15hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an unannounced one-day inspection to monitor and inspect the arrangements the provider had put in place for the management of infection prevention and control. The centre comprised of a large detached house in a tranquil rural setting in Co. Louth.

The inspector met briefly with two residents and spoke with one staff member over the course of the inspection. The two residents met with appeared happy, settled and content in their home.

On arrival to the centre, a senior staff nurse met with the inspector. They explained that the person in charge was working elsewhere at this time but, they would make contact with them. The staff member guided the inspector through the infection prevention and control measures necessary on entering the designated centre which included a temperature check and, invited the inspector to use a hand sanitiser which was in the hall.

The staff member was also observed to be wearing appropriate PPE and showed the inspector around the centre. The house was observed to be spacious, well maintained, clean and homely. Each resident had their own bedroom and a number of communal bathrooms were available

One resident was relaxing in their sitting room watching music videos and appeared happy and content when the inspector met with them. They smiled and appeared to enjoy watching the TV and the inspector observed they were at ease in the company and presence of staff.

The house had large well maintained gardens and the senior staff nurse informed the inspector that some of the residents enjoyed relaxing in the garden when the weather was good. Plans were also in place to have additional work done to the back garden in the near future so as to further improve and enhance this space for the residents.

On reviewing a sample of residents personal plans, the inspector noted that they liked activities such as walking on the beach and listening to the sound of the waves, paddling, gardening, and planting flowers. Residents also enjoyed participating in charity events such as the women's mini marathon. More recently and with staff support, they held an open air fundraiser in aid of a charity of their choosing. The person in charge reported that this event was a great success and the residents very much enjoyed it.

Residents also liked to attend concerts, go on outings to hotels and parks, baking, painting, looking at photographs and some liked to engage in therapies that they enjoyed and found relaxing.

A review of three family evaluations of the centre found that they were either satisfied or very satisfied with the service provided to the residents. Overall family members were happy with the quality of care and with the general living environment. They also reported that staff were respectful, courteous and helpful. Families also said they were very satisfied with the cleanliness of the house and the hospitality shown to them when they visited their loved ones. Two family members also reported that they found the service to be excellent.

Towards the end of the inspection process the inspector met briefly with another resident. They were relaxing in their room listening to soft music. The room was decorated with soft lighting and staff had supported the resident to personalise it based on the the residents likes and preferences. The resident appeared relaxed and content in their room and it was observed that staff had a good rapport with the resident and understood how best to communicate with them.

While some minor issues were found with regard to the upkeep and maintenance of some infection prevention and control (IPC) documentation, residents appeared happy and content in their home and relaxed in the company and presence of staff. Staff were also observed to be patient, kind and caring in their interactions with the residents.

The following two sections of the report will present the findings of the inspection in more detail with regard to the capacity and capability of the provider and the quality and safety of service provided.

Capacity and capability

The provider had in place a range of policies, documents, guidelines and procedures, supported by a comprehensive suite of training for staff so as to implement effective infection prevention and control (IPC) in this centre. Notwithstanding, some minor issues regarding the upkeep and maintenance of some IPC related documentation required review.

The person in charge was responsible for the implementation of the providers guidance documents and procedures regarding IPC. However; to support the person in charge, the provider had put in place a mechanism for the overall governance and oversight of the service and for IPC related practices. For example, an IPC specific contingency plan for COVID-19 was in place which provided IPC related guidelines and support to the service and support the person in charge. Additionally, the person in charge could link in with the Director of Nursing an IPC nurse specialist where or if required, to discuss any IPC related issue should one arise.

The inspector reviewed a number of documents the provider had in place to support their IPC operations. These included guidelines and procedures relating to IPC, training records, risk assessments and the providers contingency planning documents. While these documents were informative on how to manage a

confirmed and/or suspected outbreak of COVID-19, some of them required updating so as to ensure they were representative of current practices in the centre. This included the centres COVID-19 self-assessment tool (to ensure it was dated to inform when the document was last reviewed) and some isolation plans (so as to ensure they contained the most up-to-date information)

Notwithstanding, staff were competent in relaying to the inspector how they would respond to and manage an outbreak of COVID-19 in the centre. They spoke about the measures they would take to support each resident to self-isolate in their bedroom, how they would use PPE and clean down shared facilities such as bathrooms each time they were used.

From viewing a small sample of files, the inspector found that staff had training in infection prevention control, hand hygiene, donning and doffing of personal protective equipment (PPE) and food safety and hygiene. Additionally, COVID-19 any related updates were discussed at staff meetings.

The contingency planning document while succinct, was clear and straightforward to follow. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of COVID-19 in the centre.

The residents in this service were supported at all times by a staffing ratio of three during the day and two waking night staff. The person in charge also informed the inspector that an additional staff member was to join the team in September 2022. A review of a sample of rosters found that the staffing arrangements were as described by the person in charge and the statement of purpose.

A number of audits to include an annual review of the quality and safety of care, six monthly unannounced visits and IPC related audits had been conducted in the centre over the last few months. These audits were identifying areas of good practice and areas that needed addressing. Following such audits an action plan was drawn up so as to address any issues found. For example, a recent audit identified that some bins needed replacing, the back door needed cleaning and a new shower hose and shower trolley was required. All these issues had been actioned and addressed at the time of this inspection.

Quality and safety

The communication needs and preferences of the residents were clearly detailed in their personal plan. The provider had also developed communications and hospital passport documents for each resident so as to alert staff and other healthcare professionals to the residents assessed medical needs and how best to communicate with them and, support them.

Good practices were also observed in relation to the delivery of person centred care

and in some of the local implementation of infection prevention and control procedures. The physical environment was found to be clean on the day of this inspection which helped to minimise the risk of acquiring a healthcare-associated infection. Staff also showed the inspector a number of cleaning schedules for bathrooms and other communal areas of the house which were all observed to be up-to-date and signed off.

There were systems in place to promote and facilitate hand hygiene and antibacterial gel was available in several locations in multiple different locations in the centre. Staff were also observed to use these hand gels over the course of this inspection. .

The provider had sufficient stock of PPE and staff were observed to wear it in line with their training and best practice. A staff member was able to describe to the inspector the importance of donning and doffing PPE as required, if there was a suspected or confirmed case COVID-19 in the house and how best to support a resident with a suspected or confirmed case of COVID-19. .

The inspector found good evidence that staff were routinely monitoring and recording for symptoms for residents, which may help to identify early symptoms of COVID-19. There were also procedures for receiving visitors' into the centre such as a COVID-19 related checklist and taking temperatures.

The inspector completed a walk-through of the centre. The premises was found to be generally clean and tidy with clear recording of cleaning schedules conducted. High touch areas were regularly cleaned such as light switches and remote controls. There was also a colour-coded system regarding the use of mops in place for cleaning the centre so as to minimise the possibility of cross contamination.

There were COVID-19 related contingency management plans in the centre and residents had individual COVID-19 isolation care plans in place. However (and as already covered in the previous section of this report), some of this documentation required review and updating. It was also observed that a care plan in place for one resident also required review so as to ensure consistency with regard to staff practices when supporting this resident.

Notwithstanding, the inspector was able to see how staff were following the provider's general guidelines and procedures on IPC, through the practices that were in place in the centre. For example, staff were observed appropriately wearing PPE, engaging in hand hygiene practices and cleaning the centre in line with cleaning schedules. IPC related documentation was readily available in the centre along with hand sanitizing gels.

Regulation 27: Protection against infection

The provider had in place a range of policies, documents, guidelines and procedures, supported by a comprehensive suite of training for staff so as to

implement effective infection prevention and control (IPC) in this centre.

However, some COVID-19 related documentation required review and updating to include:

- The COVID-19 self-assessment tool (It was not dated to inform when the document was last reviewed)
- Residents COVID-19 isolation plans (so as to ensure they contained the most up-to-date information)
- A care plan for one resident so as to ensure consistency with regard to staff practices when supporting this resident.

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 Oak Hill OSV-0007954

Inspection ID: MON-0035834

Date of inspection: 23/08/2022

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> <ul style="list-style-type: none"> • The COVID-19 self-assessment tool now has a review date and PIC signature • Residents COVID-19 isolation plans have been updated and added to the residents’ personal plans • Residents plans of care in relation to catheter and enteral feeding care have been reviewed 	

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	07/09/2022