



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

## Issued by the Chief Inspector

Name of designated centre:	Oldcourt DC
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	10 February 2022
Centre ID:	OSV-0002878
Fieldwork ID:	MON-0035574

## About the designated centre

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

Oldcourt consists of two community houses within a two mile radius of each other. One of the houses is a detached bungalow in a housing estate near a large town in Co. Wicklow. The house is situated within walking distance of local shops, the community centre, library, chemist, doctors surgery and a church. It is surrounded by a garden at the front and back. The house has four single bedrooms, with a sitting room, kitchen, staff office, and bathrooms. The second house is a detached two story house located in a different housing estate. Again this house is in close proximity to many local amenities. It has a small open garden to the front with side access to a large walled garden to the back. The house has four bedrooms, sitting room, conservatory, staff office and bathrooms. The aim of Oldcourt is to provide a residential service for adults with varied levels of intellectual disabilities. It aims to provide quality person centred care, promote independence, community participation and improve the quality of lives of residents. Oldcourt provides residential care 24 hours a day, seven days a week. The staff complement includes a person in charge, a social care leader, social care workers and staff nurses. Staffing levels are based on the support needs of the residents at a particular time and can be adjusted accordingly.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

8

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
Thursday 10 February 2022	10:00hrs to 16:00hrs	Ann-Marie O'Neill	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 and to monitor compliance with the associated regulation. This inspection was unannounced.

The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also observed residents in their homes as they went about their day, including care and support interactions between staff and residents.

Oldcourt consists of two separate residential homes, located in close proximity in North County Wicklow. At the time of inspection eight residents lived across the two homes.

The first residential house was home to four residents. The house was a single storey bungalow style home and consisted of four private bedrooms. The house had been renovated previously and was decorated to a good standard. The house provided a separate kitchen/dining area, a living room space, an assisted shower and bathroom and one ensuite. The utility arrangements consisted of a washing machine in the kitchen area and a dryer located in a brick shed located in the rear garden area.

There was a good standard of cleanliness and hygiene noted in this house and the modernisation and refurbishment of the property greatly contributed to the promotion of good infection control standards.

The second residential home, consisted of two storey residential house. Residents bedrooms were located on upstairs. The house consisted of a separate living room, a kitchen which contained a washing machine and dryer, a small room, just off the kitchen, where the boiler and medication press was situated, a small downstairs toilet and a bathroom located upstairs.

The design and lay-out of the premises did not always support staff in fully promoting infection prevention practices.

There were no splash backs on sinks in the home and there was noticeable collection of mould around the seal of the downstairs toilet sink. The washing machine and dryer were located in the kitchen area beside domestic and compost waste bins. This arrangement required improvement as there was an infection control risk being managed in the centre which was associated with soiled laundry.

It was not demonstrated there were appropriate laundry infection control management systems in place to mitigate cross contamination between the areas where soiled linen was laundered, household waste was managed and the food preparation area.

On arrival, to the first residential house, the inspector was met by a member of staff who took the inspector's temperature and completed a symptom check as part of the visitors procedure. The inspector observed staff wearing personal protective equipment. However, the face coverings worn by staff in the first residential house visited were not in line with the latest National public health guidelines.

The inspector established that no resident in the centre was suspected or confirmed with COVID-19 and staff had a small provision of respirator masks they could use in the event of a resident becoming symptomatic as part of a COVID-19 response arrangement. The supervisory manager for the centre sourced respirator masks and provided them to staff, who were observed wearing them for the remainder of the inspection. Staff in the second house visited by the inspector were observed wearing the correct masks.

Some residents had returned to their day services and so therefore, were not present in some of the houses at the time of inspection. In the second house, residents did not wish to meet the inspector and chose to go out for an activity while the inspector spent time in their home. The inspector respected this choice.

The inspector did greet and interact with residents that were present during the time of the inspection. Residents were unable to provide feedback about the service or provide a demonstration of their knowledge and understanding of aspects related to infection prevention and control.

Therefore, the inspector carried out observations in each home to ascertain how staff supported residents to engage in good infection control practices.

In both homes, the inspector observed handwashing signage in the bathroom/toilet facilities which provided not only staff, guidance on good handwashing practices, but also provided a hand washing skill teaching system for residents. The provider had ensured hand operated soap dispensers were located in each toilet/bathroom area and the inspector noted all dispensers were full and operational. Paper hand towels were also made available to staff and residents for the purposes of hand hygiene. Alcohol gel was available in the centre and could be easily located.

Staff engaged in the cleaning tasks and duties in each house and described to the inspector the manner in which they carried out these tasks. Colour coded systems were in place to ensure mops, cloths and other items were segregated and used to only clean specific surface areas. Equipment used by residents, such as shower chairs, were visibly clean. Cleaning records were maintained in each home and recorded daily.

Residents' personal toiletries, toothbrushes, hair brushes and shaving equipment were kept separately for personal use only and the inspector observed storage facilities were made available for residents to store their personal products separately from their peers.

Some improvement was required for ensuring personal protective equipment (PPE) was appropriately stored in each residential home. The inspector observed boxes of PPE placed on the floor in both residential homes. Sharps management also required

improvement and it was noted improved storage arrangements were also required in this regard to ensure good infection control risk management systems were in place.

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

Overall, the inspector found that the provider had implemented good systems and arrangements to ensure that infection control procedures were consistent with the National standards.

Some improvement was required in the area of quality oversight auditing to ensure infection control standards were reviewed comprehensively. Staff training required some improvement to ensure their knowledge and skills in the area of infection control were up-to-date.

The governance arrangements supported the delivery of care and support in a manner that protected residents from the risk of acquiring a healthcare-associated infection.

There was a clear governance structure in place with defined roles and responsibilities. This was further supported by a comprehensive infection control policy that contained well-defined procedures and provided clear guidance. There were a number of associated standard operating procedures in place to supplement the overarching infection control policy.

The provider had also carried out an organisational audit of infection control procedures and practices and identified areas where governance and oversight arrangements could be improved. For example, the provider had identified the requirement for additional expertise in the area of infection control and had put arrangements in place to source key staff to address this need.

A plan for upgrading of premises across the regional area had also been drafted with a focus on enhancing infection control standards for residents, through the provision of good quality environments that supported the implementation of infection control standards.

There were clear arrangements in place to access resources such as PPE and additional staff, where required. Six-monthly unannounced provider audits consistently incorporated Regulation 27: Protection against Infection, as part of the audit.

This demonstrated the provider's commitment to improving and ensuring good

infection control standards in their designated centres. However, some improvement was required to ensure such audits were comprehensive enough to inform the provider where infection control standards required improvement in the wider context of COVID-19.

The provider's infection control audit looked at a wide range of standard precaution key performance indicators, however, they did not look in enough detail in each specific area to assess for good practice.

For example, infection control audits examined if infection control processes were in place for sharps management, the audit required the auditor to tick yes or no. It was not demonstrated how the auditor had established or verified if good practices in the area had been met. The inspector observed examples of how sharps management was not implemented at the most optimum level during the course of the inspection, yet, the provider's infection control audit had assessed this area as in compliance with infection control standards. This required improvement.

There were effective systems in place for workforce planning that ensured there were suitable numbers of staff employed and available with the right skills and expertise to meet the centre's infection prevention and control needs.

Staff had access to a range of training and development opportunities. All staff had undertaken training in infection control, standard precautions, hand hygiene and wearing and removal of personal protective equipment (PPE). There were some gaps in staff infection control refresher training.

As discussed, staff were observed not wearing the correct face coverings at the commencement of the inspection. Staff informed the inspector that they were only required to wear respirator masks if there was a suspected or confirmed case of COVID-19 in the centre. This was not in line with the latest public health guidelines recommendations for face coverings.

While the senior manager and person in charge confirmed staff had been informed that respirator masks were to be worn at all times, it was not demonstrated that staff practice was being suitably assessed in this regard. Improvement was required to ensure a practical assessment element was incorporated as part of the up-skilling of staff in the area of infection control.

## Quality and safety

The inspector found that the services provided in this centre were person-centred and that residents were supported in the prevention and control of healthcare-associated infections.

There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats including posters promoting hand washing.

The inspector noted that efforts were made to ensure residents enjoyed meaningful activities and had opportunities for leisure and recreation while National restrictions were in place with residents returning to day services in some instances.

Residents had been supported to receive vaccinations and participate in the booster programme also. Consultation and informed decision making with regards to availing of National vaccination programmes had been implemented and residents had been supported by important people in their lives to make decisions and choices in this regard.

Throughout the inspection it was evident that the management of infection control risks was considered in the routine delivery of care. There were various systems in place to identify and raise concerns where necessary.

A walkthrough of the premises in each home was completed by the inspector in the company of a staff member, person in charge and/or house supervisor.

Overall, each house had a good standard of cleanliness throughout, although some aspects of the premises, in the second house visited, impacted on standard infection control precautions.

There was a comprehensive cleaning schedule in place for each house which had been developed in accordance with the provider's own policy and there was evidence that this had been completed as required in the centre. This schedule included enhanced cleaning as outlined in the centre's risk assessment control measures for risks associated with infection prevention and control, such as increased cleaning of high-touch points.

The inspector reviewed the laundry management arrangements in both houses. Some improvements were required in this regard to ensure appropriate infection control standards were maintained.

In the first house visited the washing machine was located in the kitchen area and the dryer located in a block build shed in the rear garden. Overall, there were no high infection control risks related to laundry and washing of linen in this home. However, it was not demonstrated that the person in charge or provider had considered and put arrangements in place to mitigate the risk of contamination posed by the laundering of linen in the kitchen area.

In addition, laundry was transferred to the washing machine in the kitchen and from there into the shed, which meant there was an increased risk of transmission of infection due to the different locations of where clothes were laundered and dried. The inspector also observed there was an absence of a work space to manage linen and laundry in the shed area as there was no counter top or shelves to fold clothes or place a laundry basket, for example.

In the second house, more considered improvements were required.

The washing machine and dryer were located in the kitchen area. Staff spoken with outlined some infection control risks related to laundry management in the home.

This related to management of laundry and linen after incidents of soiling. As there were no sluicing arrangements in the centre, soiled linen was sometimes rinsed off in the bath of the home and then transferred to the washing machine. However, significantly soiled garments were usually disposed of.

Alginate bags were not used for the management of soiled linen and therefore a heightened risk of contamination could occur with the transporting of soiled linen from the upstairs of the home, to the kitchen area without the use of infection control systems, such as alginate bags. Equally, it was not demonstrated that there was a cleaning schedule for the washing machine to ensure it was regularly disinfected to ensure optimum infection control standards for laundry management in the home.

Some other aspects of the home required improvement. The inspector observed there were no splash backs provided above the sinks in the upstairs or downstairs toilets. Some mould had collected on the sealant of the bath upstairs and on the sealant of the sink downstairs. In addition, the the inspector noted ventilation in the upstairs bathroom was poor. The vent had a collection of dust and the window did not open. This required improvement to ensure a good flow of air could move about in the space, which was used by residents to bath and shower and could generate steam and moisture, creating a risk for the build up of mould, for example.

There was landfill, recycling and compostable waste collection arrangements in place in the centre and suitable arrangements for clinical waste. However, due to the configuration of the kitchen space in the second home visited, the inspector observed household and compostable bins were located in the kitchen area between the laundry facilities and food preparation areas. This required some improvement to mitigate the risk of cross contamination of the spaces.

There was a clear outbreak management plan in place that took into consideration the individual needs and abilities of residents.

The centre had adequate hand-wash facilities. There was a good supply of hand sanitising gel and these were located at entry points and high risk areas.

There was an ample supply of PPE, including the recommended PPE for use in the event of a COVID-19 outbreak. A centralised shared document folder was in place for the storage of all public health guidelines on COVID-19 management. There was a centre specific COVID-19 outbreak management plan and provisions in place for redeployment of staff.

## Regulation 27: Protection against infection

The inspector found that the provider had developed and implemented effective systems and processes for the oversight and review of infection prevention and control practices in this centre.

There was a good governance framework in place which resulted in the delivery of safe and quality services and facilitated good oversight of infection prevention and control practices.

Some improvement was required to ensure infection control audits were comprehensive and ensured lines of enquiry verified if infection control procedures were being implemented in line with the provider's policies, procedures and Infection control standards.

There was a clear, practical, and comprehensive outbreak management plan in place. Staffing contingency arrangements were clear and robust and had been reviewed on a regular basis by the provider.

Staff had been provided with training in infection control and systems were in place to support staff to access the latest National public health guidelines regarding COVID-19.

The centre was found to be clean and hygienic in each house, while still providing comfortable and homely accommodation to residents.

There were areas for improvement to ensure good infection control standards were implemented across both residential homes that made up the centre:

- Some improvements were required in the provision of training to ensure ongoing assessment of the practical application of infection control measures were included, for example, while respirator masks were made available for staff and staff had been informed of the requirement to use them, the inspector observed staff wearing other face coverings on the day of inspection.
- There were some gaps in staff refresher training in the area of infection control.
- Alginate bags were not used for the management of soiled linen and therefore a heightened risk of contamination could occur with the transporting of soiled linen from the upstairs of the home, to the kitchen area without the use of infection control systems such as alginate bags.
- It was not demonstrated that there was a cleaning schedule for the washing machine to ensure it was regularly disinfected to ensure optimum infection control standards for laundry management in the home.
- The configuration of the kitchen area required review to ensure risks associated with waste management and laundry did not pose a potential contamination risk to areas where food was prepared.
- Sharps boxes were observed to be not stored in a secure area to mitigate the risk of sharps injury.
- PPE boxes were observed stored on the floor in both residential houses that made up the centre.
- There were no splash backs provided on sinks in one residential house visited during the inspection.
- Ventilation in the bathroom of one residential house was inadequate, for example, the air vent was dusty and the window was broken and could not

open. This increase a potential risk for mould to accumulate due to a build up of condensation and moisture.

- Foot pedal waste receptacles were utilised in one residential home for the disposal of incontinence wear. However, the inspector noted the foot pedals were not effective, requiring the lids to be opened by hand in order dispose of incontinence wear. This impacted on the overall efficacy of the foot pedal bins for the purposes of promoting hand hygiene and good infection control standards.
- The risk register for the centre identified COVID-19 as an infection control risk for the centre, however, it did not capture other infection control risks that presented in the centre, for example, sharps and soiling incidents.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Oldcourt DC OSV-0002878

Inspection ID: MON-0035574

Date of inspection: 10/02/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Bathroom/toilet areas:</p> <ul style="list-style-type: none"><li>• Splash backs on sinks: will be fitted by 30th May 2022</li><li>• Sealant on baths and sinks: will be fitted by 30th May 2022</li><li>• Vents: a deep clean will be carried out on all bathrooms in the DC by 30th April 2022. This will include the vents.</li><li>• Bathroom window in D: will be fixed or replace by 30th May 2022</li></ul> <p>Waste bins in the kitchen: all to be removed from the kitchen by 11th March 2022</p> <p>Foot pedal waste bins in SA: Pedal bin company contacted...bins will be replaced by 30th March 2022</p> <p>Management of laundry: Laundry protocol in place. Alginate bags purchased for each house.</p> <p>Cleaning schedules: Disinfecting schedule in place for the washing machines.</p> <p>Wearing of face masks: Has been addressed with all staff, wording in guidelines was amended to avoid confusion and supply of masks is plentiful in the DC.</p> <p>Practical Assessments for PPE: Carried out regularly at team meetings and at individual supervisions.</p> <p>Storage of PPE: Inbuilt storage being provided in the DC by the 30th August 2022.</p> <p>Sharps management: Protocol now in place.</p> <p>IPC audit: Will be amended to be more comprehensive by 30th August 2022.</p>	

IPC Risk Assessments: IPC risks assessments will be developed as necessary in the DC by the 30th March 2022.

Staff refresher training: In progress and will be completed by 30th May 2022.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/08/2022