



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

Issued by the Chief Inspector

Name of designated centre:	An Sli
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	28 April 2022
Centre ID:	OSV-0003618
Fieldwork ID:	MON-0035914

About the designated centre

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

This is a residential service providing full-time residential services to eight adults (both male and female) with disabilities. The centre is in Co. Louth and near a number of large towns and small villages. The centre comprises a large detached bungalow, and each resident has their own bedroom (some ensuite) decorated to their individual style and preference. Communal facilities include a large, fully equipped kitchen, a separate utility room, two fully furnished sitting rooms, a number of communal bathroom/showering facilities, and a staff office. There is also a large separate activation area (with two bathrooms and a kitchen facility) where residents can relax and engage in learning activities, hobbies of interest, or watch TV. The centre also has a large courtyard which is accessible to the residents. Transport is provided so as residents can avail of holiday breaks and social outings to shops, cinemas, shopping centres, hotels, restaurants, pubs, and beauticians. The service is staffed on a twenty-four-hour basis by a team of staff nurses, social care workers, and health care assistants.

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 28 April 2022	09:15hrs to 14:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and inspect the arrangements the provider had put in place concerning infection prevention and control (IPC). Overall, the inspection found appropriate IPC measures in place. However, it was identified that there were issues with the premises and a need to make enhancements in some areas.

The inspector met with the residents and spoke with staff throughout the inspection. The inspector found that residents received appropriate care and support through observations and review of residents' information. Residents were supported to engage in their chosen activities, and the centre's staff team supported residents' views and rights. Residents had been helped to maintain contact with their families during restrictions, and there was more recent evidence of residents being visited in their home and that some residents had also gone to visit their families.

The inspector was introduced to five of the residents engaged in their group activities in the activity room. The residents were observed to be happy in their environment. The staff team were well known to the residents and interacted with the residents in a warm and considerate manner. Staff were also observed to be washing or sanitising their hands in accordance with public health guidance. Staff members were wearing appropriate personal protective equipment (PPE) and changed this according to current guidelines.

Residents were observed to be supported to engage in activities throughout the day with the support of staff; some of the residents were supported to go for walks, while a reflexologist visited others and others had their nails painted.

A review of records and, in particular, resident meeting minutes found, improvements were required to ensure that residents were being provided with adequate information regarding IPC practices. The review found that limited information was made available to the residents. The house manager provided the inspector with easy-to-read information regarding IPC and the pandemic. Still, there was no evidence to demonstrate that this had been reviewed with the group of residents. This was discussed with the house manager, who accepted that there was a need for improvement.

The inspector was given a tour of the premises by the house manager. It was found that while the premises was clean, there were significant repair works required. The provider had identified these during audits and had also identified that the required works were impacting the IPC practices being employed by the staff team. The impact of the required works will be discussed in more detail in the Quality and Safety section of the report.

The findings of this inspection will be presented under two headings before a final overall judgment on compliance against Regulation 27: Protection Against Infection

is provided.

Capacity and capability

This inspection found that the governance structures had assured that the provider had effective and quality IPC practices. The service was led by a person in charge who was the lead person regarding the management of IPC within the centre. There were clear lines of authority with tasks allocated to staff each day.

There were also clear lines of authority regarding the provider's on-call management process; there were arrangements in place if the person in charge was absent. These arrangements, if required, would ensure oversight of the service provided.

Weekly audits were completed by staff team members regarding IPC practices and control measures. The inspector reviewed a sample of these and found that they were detailed and focused on identifying areas that required improvement. The audits were reviewed by the services management team and were added to the quality enhancement plan. The inspector found that this plan was under regular review. For the most part, actions that were identified were addressed promptly. For example, a kitchen and flooring in some areas of the service had been replaced following being identified as IPC hazards. However, there had been delays in addressing some of the other IPC concerns, as already discussed.

The provider had completed the required reviews and reports regarding the quality and safety of care provided to the residents per the regulations. A six-monthly audit was conducted on 24 March 2022. There were aspects of the review that focused on IPC practices in the service and identifying areas that posed a risk. Further documents demonstrated that the provider had developed a range of policies and procedures concerning IPC. These were under regular review and were readily available for staff members to utilise if required.

The roles and responsibilities of staff were clearly defined, staff carried out their daily duties. For example, as mentioned above, the residents' home was clean. The inspector found that there were suitable arrangements in place to maintain this. There were records that captured the cleaning duties that the staff team completed during day and night shifts. An appraisal of these showed that the records were well maintained and that the tasks were being conducted as per the provider's guidance.

A contingency plan had been developed along with a document called the COVID-19 response plan. The staff team had access to up-to-date information regarding IPC measures and responses to the pandemic. There was an IPC information folder available to staff and it was also found that IPC was discussed at team meetings. The discussions were detailed and focused on information sharing.

The inspector reviewed a sample of staffing rotas and found sufficient staffing levels; the review also showed that the staff team was consistent. It was also found

that staff members had been provided with appropriate training relating to infection prevention and control practices.

The inspector had the opportunity to interact with three of the staff team working on the day of inspection. They all demonstrated that they had adequate knowledge of IPC measures and protocols. Staff members spoke of an IPC lead person being identified each day and explained their roles and responsibilities. A staff member spoke of receiving guidance on cleaning practices and also that there were procedures on what to use when cleaning particular areas or surfaces.

Two of the staff members informed the inspector of how they would support ill residents or those who contracted a healthcare-associated infection. They referenced who they would contact and the steps to take to support the resident or residents as per the provider's guidance.

Overall, the inspector found systems that ensured infection prevention and control practices were appropriate.

Quality and safety

During the opening meeting, the house manager informed the inspector that issues with the premises posed IPC risks. The house manager supported the inspector in viewing the premises. It was found that there was damage to the surfaces of flooring in a number of areas, including residents' bedrooms and also activity rooms. The damage to the flooring meant that the surfaces could not be appropriately cleaned. Furthermore, the severity of damage in some areas had led to potential trip hazards. The provider had identified this and was sourcing approval for the works to be completed.

It was observed through IPC audits that the person in charge and the services management team had identified and addressed a number of required works. For example, new shower chairs had been purchased, and handrails had been replaced in some cases. Despite this, the inspector did find that there were some further improvements required to ensure that all equipment and areas were being checked for damage and that they could be appropriately cleaned. There was damage noted to the padding on a resident's shower chair. The inspector also found that a bedpan that was in regular use for a resident was being stored on the floor of a bathroom. There was also a need to ensure that the extractor fans in residents' bathrooms were cleared of debris.

As noted earlier, improvements were required to ensure that the group of residents were being provided with adequate information regarding IPC measures. The house manager discussed this with the inspector stating that information sharing was more prominent during high infection levels in the community. The house manager accepted that information sharing with residents needed to be improved regarding

IPC measures.

The inspector notes that the care to residents was provided in a clean environment that minimised transferring healthcare-associated infections. There were arrangements in place for cleaning and disinfecting the premises. The staff team had access to detailed information regarding decontamination and cleaning practices.

The review of the existing practices regarding the management of residents' laundry demonstrated that it was appropriate. Staff members and the house manager also confirmed the arrangements with the inspector. There was clear evidence that IPC practices formed a significant part of staff teams' daily routines.

The inspector reviewed a sample of residents' information; individual support plans had been developed for residents in response to the COVID-19 pandemic, these plans outlined how best to support each resident. Individual and environmental risk assessments were also developed regarding IPC issues. These were under regular review and contained appropriate control measures.

There were systems to test and record signs and symptoms of infection for residents, staff members, and visitors. This was completed to facilitate prevention, early detection and control of the spread of possible infections. As noted earlier, staff had access to appropriate PPE. There were also adequate supplies of proper PPE.

While some improvements were required, the inspection found that IPC practices were overall appropriate.

Regulation 27: Protection against infection

The provider had adopted some procedures in line with public health guidance in response to infection prevention and control. They had developed policies and procedures and were carrying out weekly reviews. These were focused on improving and safeguarding the residents from potential healthcare-associated infections.

Notwithstanding these measures, infection control risks were identified. Inspectors found that the issues with the premises had impacted the provider's ability to employ effective infection prevention and control practices. The damage to the flooring in several areas and the damage to a shower chair meant that these areas could not be effectively cleaned. There was also some improvements required to the storage of equipment.

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 An Sli OSV-0003618

Inspection ID: MON-0035914

Date of inspection: 28/04/2022

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"> • Provision of easy-to-read information regarding IPC and the pandemic at the residents meetings: weekly residents meetings now have a rolling item agenda which includes information on IPC practices and the pandemic: In place. • Regarding damage to the surfaces of flooring in a number of areas, including residents' bedrooms and also activity rooms: The resident’s bedroom and activity room’s floors will be resurfaced by 31/12/2022. The trip hazard has been mitigated against pending the full resurface of the bedroom floor. • Residents shower chair has been replaced. • Bed pan storage has been addressed. • Surface cleaning of extractor fans has been completed; however a deep commercial clean will be completed by 30/06/2022 to remove all debris. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2022