Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	DC5
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	13 January 2022
Centre ID:	OSV-0003642
Fieldwork ID:	MON-0035218

About the designated centre

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

St John of God, Designated Centre 5 is a designated centre located within a campus setting in County Kildare. The centre provides residential services to 13 adults with an intellectual disability. The centre is a purpose built building which consists of three kitchens, four dining rooms, four sitting rooms, staff office, two sensory rooms and 13 individual resident bedrooms. The centre is located close to a town with access to local shops and transport links. The centre is staffed by a person in charge, clinical nurse manager, staff nurses, social care workers and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

How we inspect

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 13 January 2022	10:00hrs to 17:00hrs	Erin Clarke	Lead
Thursday 13 January 2022	10:00hrs to 17:00hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place concerning infection prevention and control measures and monitor compliance with the associated Regulation 27: Protection against infection. The inspectors reviewed the provider's implemented procedures consistent with the National Standards for infection prevention and control in community services (2018) and found improvement was required to demonstrate that these standards were being met.

DC 5 provides residential services to a maximum of 13 adults with an intellectual disability within a large campus-based setting. On the day of the inspection, nine residents were living in the centre, and one resident was in hospital. The centre is a purpose-built building that consists of three kitchens, four dining rooms, four sitting rooms, staff offices, two sensory rooms and 13 individual resident bedrooms.

This inspection was unannounced, and the two inspectors were greeted at the front door by a member of staff who requested that they wait until a senior member of staff could go through the sign-in procedures. It was observed there was signage on the front door to remind visitors of the requirements to ensure that they wore masks and that they would be required to give their temperature and adhere to hand washing and sanitising arrangements. The entrance lobby was equipped with hand sanitiser and arrangements were in place for temperature checking of all staff and visitors in line with national guidance for COVID-19. The provider also had arrangements to gather visitor details upon their arrival, ensuring they could be contacted should an outbreak of infection occur at the centre. During the course of the pandemic, the centre experienced two COVID-19 outbreaks among residents, in which one resident sadly died. There was an outbreak at the time of the inspection that had affected two residents. The inspectors found that the residents had been successfully supported to self-isolate in their bedrooms during the self-isolation period and that the residents were content during this time.

The inspectors met and spoke with six residents and five staff members throughout the course of the inspection. In addition to speaking with staff and residents, the inspector observed residents' daily interactions and lived experiences in the centre. The inspectors were introduced to the residents in the centre's communal areas, such as the sitting room and the kitchen area. Some residents were also met with in their bedrooms and private sitting rooms. Staff were observed engaged in various activities, including supporting residents with breakfast, lunch and attending to personal care.

For those residents who needed assistance eating, the inspectors noted that the mealtimes were unhurried and at times suitable for the individual residents. The inspectors observed resident-staff interactions and observed that both residents and staff were familiar with one another and at ease in each others presence. Residents in the centre did not need to wear masks in their homes, and all staff in the centre were observed to wear surgical masks regardless of proximity to residents. The

inspectors inquired about the person in charge's awareness of the recently revised guidance regarding the requirement of a higher-grade mask for staff. As explained to the inspectors, the provider had instructed all staff to wear double surgical masks until a larger quantity of higher-quality masks could be procured.

Residents were supported by a team of nurses, healthcare assistants and social care workers. The staffing arrangements in the centre were found to be based on an assessment of residents' needs. Housekeeping duties were divided amongst staff on shift and designated cleaning staff. Cleaning staff reported to a separate manager outside of the designated centre. The inspectors found that improvement was required to ensure the person in charge had oversight of all cleaning duties. Some cleaning checklists were not completed in the centre, and therefore the person in charge could not effectively oversee if all cleaning processes were carried out.

The inspectors reviewed the minutes of residents meetings facilitated by staff members that were due to occur on a monthly basis. From reviewing notes of these meetings, it was seen that the meetings were infrequently occurring and required review to ensure that residents were informed about infection prevention and control issues and outbreaks. It was noted that residents had been provided with easy-to-read documents to keep residents informed about matters related to COVID-19 and through various technological means, residents were also facilitated to maintain contact with family members during the COVID-19 pandemic.

The inspectors completed a thorough walk-through of the premises with the person in charge. During the walk-around, the person in charge was alerted to a number of potential hazards both within the premises and externally. The inspectors found that the centre's large size, number of vacant rooms, storage concerns, and various bathrooms (over 20) had created a complex environment to properly maintain and apply infection, prevention, and control measures. The centre once accommodated 23 residents, but due to effective de-congregation of residents to community homes, parts of the centre were no longer in daily use resulting in areas not covered by cleaning schedules.

The following two sections of this report will describe the governance and management arrangements in place and how these arrangements ensured and assured the quality and safety of the service provided to residents by ensuring compliance with Regulation 27: Protection against infection.

Capacity and capability

Inspectors could see that the registered provider had taken steps to adopt infection prevention and control measures at this centre. Despite this, the inspection revealed several important areas that needed to be improved upon. These included the need for more resources to keep the centre clean and better governance and monitoring of the infection prevention and control mechanisms. Furthermore, the inspectors discovered a need for improvement in the areas of waste management, including

clinical waste, maintenance and cleaning of cleaning equipment and water management systems.

The provider had developed processes that were intended to support and guide good infection prevention and control practice. Residents appeared to be well-supported by staff, and staff had received training and were knowledgeable in relation to infection prevention and control measures and the risks associated with an outbreak in the centre. Nevertheless, the inspectors discovered a number of areas where adherence to these recommendations needed to be improved upon during this inspection. Furthermore, the inspectors discovered that the various governance and oversight structures that were utilised to self-identify areas for improvement or assurance required strengthening. For example, while there was an established COVID-19 committee and protocols in place, the recently formed infection, prevention and control (IPC) oversight group, was still in its infancy and was yet to roll out recommendations to centres to ensure that standards were being met. The inspectors found that there was a quality improvement plan in place which contained actions relating to infection prevention and control, a time bound plan not been devised for the corrective actions.

The person in charge had completed an annual infection, prevention and control audit of the centre In November 2021, the results of which were incorporated into the centre's overall quality improvement plan. However, while the audit highlighted a number of measures, it did not capture all of the areas for improvement identified by the inspectors, such as waste management improvements. Furthermore, the auditing tool needed to be reviewed to ensure that there was enough room to discuss the narrative of the findings.

The person in charge was responsible for implementing and overseeing COVID-19 measures at a local level, but there were also delegated provider functions, such as the COVID-19 lead representative. The person in charge indicated that they could seek guidance from their line manager and the organisation's COVID-19 lead representative if needed. The provider had established a COVID-19 response committee consisting of senior management at the beginning of the pandemic to discuss COVID-19, update on cases, the well-being of staff and residents and revised guidance or issues relating to any aspect of COVID-19 management. These meetings' frequency were changeable and increased to daily when required.

The provider had reported two COVID-19 outbreaks to the Chief Inspector over the course of the pandemic. The person in charge informed the inspectors that a post-outbreak review took place with other members of the management team. The providers' contingency plan for the management of COVID-19 stated that this review would take part of a chaired meeting with recommendations communicated to staff and learning shared across the region. However, the records of this meeting and any recommendations were not available to the inspectors during the inspection.

Six monthly provider-led visits were conducted in accordance with the regulations, and the inspectors reviewed the findings of the most recently completed report. Although the provider assessed many elements of this service as part of this review, it was unclear how infection prevention and control were subject to rigorous

monitoring as part of this six-monthly monitoring method given the time required to fully assess these measures in a centre of this size.

All required training, including training relating to infection prevention and control, had been completed by staff. The inspectors viewed the training records and found staff had completed a range of training including training on the use of personal protection equipment, breaking the chain of infection, and hand hygiene. The record-keeping of such records was discussed with the person in charge to ensure the records were easily monitored and retrievable.

Quality and safety

Overall the inspectors found that significant improvements were required to the overall standard of cleanliness in the premises and the monitoring of systems designed to minimise the risk to residents from acquiring preventable healthcare-associated infections. During the walk-around of the centre, the inspectors drew the persons in charges attention to a number of issues with the cleanliness in the centre and adherence to the providers' policies. These are detailed under regulation 27 in greater detail. For example, the inspectors found that many of the areas of the centre required a deep clean as already identified by the person in charge and actioned the provider to complete same.

The inspectors determined that the centre had managed a recent COVID-19 outbreak successfully. While the test results were pending, the registered provider ensured that the residents were tested and self-isolated from other residents. The use of personal protective equipment (PPE) was increased in accordance with public health guidelines, and the suspected / confirmed cases were properly reported to the relevant bodies. The residents' health was closely monitored, and the staff team offered regular updates to their family members. The person in charge maintained good records of residents' COVID-19 status for public health inquiries and track and trace purposes. These included vaccination status, the date of the onset of symptoms, test and isolation dates, casual and close contacts. The records also elaborated on any communal areas, and vehicles used that required additional cleaning and disinfection. 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.

The inspectors completed a thorough walk-about of all rooms in the centre. As previously mentioned, there were many vacant and unused rooms that did not feature in the scheduling cleaning of the centre. A number of these rooms were being used for storage and archiving space. However, due to a lack of appropriate shelving and storage options, many items were being stored on the ground impeding effective cleaning. For example, clean laundry was placed on the floor in plastic bags and boxes of files cluttered the ground.

The centre also had several laundry and sluice rooms, which were highlighted for

refurbishment by the person in charge within the centres' quality improvement plan. However, a time-bound plan was not in place to address these deficits. In addition, the inspectors found that cleaning equipment used in the centre, such as cleaning trolleys, mop buckets and buffing machines, were not consistently cleaned or maintained through any cleaning schedule and were visibly dirty.

The inspectors requested the water management systems records due to the presence of a significant number of water outlets, including many infrequently used showers, toilets and handwashing basins. There was conflicting information documented and discussed with the inspectors regarding the appropriate control measures to manage the risk of Legionella bacteria growth. Risk assessments and water testing records also were not available to inspectors as requested during the inspection. Therefore, the inspectors were not assured that the person in charge was provided with devolved oversight of these processes or knowledge of the outcomes.

The inspectors reviewed the waste management system, including clinical waste and found that improvements were required to ensure adequate infection control measures. Pedal-operated bins used throughout the centre were left outside out in designated spots and collected by an external company. The inspectors found that bins were placed outside in unsheltered areas that contained mud and leaves. This resulted in dirty bins coming back into the centre as observed in bathrooms during the walk-about. The inspectors also found a number of clinical bins unlocked that held clinical waste that was easily accessible.

Regulation 27: Protection against infection

The inspection revealed important areas that needed to be improved upon to ensure that residents who were at risk of healthcare-associated infection in this centre were appropriately protected by adopting good infection prevention and control practices.The inspectors observed practices that were not consistent with the national standards for infection prevention and control in community services.

- There were parts of the centre that were not clean and were not identified and remedied regularly by management. As a result, the inspectors requested that a deep clean of the centre take place. The provider had completed this within days of the inspection taking place.

- There was inadequate storage for clean linen.

- A number of upgrades were required to bathrooms and sluice rooms.

- The audits and checklists used to ensure adherence to essential infection prevention and control practises, such as routine and daily cleaning of the centre contained gaps.

- Cleaning and disinfection of the cleaning equipment were not included in the

cleaning checklists used in the centre.

- Documentation requested in relation to outbreak review meetings and Legionella bacteria prevention were not available in the centre.

- Sharp boxes were observed by inspectors not stored or closed in line with policy.

- Waste management including clinical waste management reviewed review.

As a result of these gaps, 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.

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 DC5 OSV-0003642

Inspection ID: MON-0035218

Date of inspection: 13/01/2022

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
Outline how you are going to come into compliance with Regulation 27: Protection against infection: • A deep clean of all areas inside and outside the building was carried out and completed on 19/01/2022. An annual schedule of deep cleaning including unused rooms will be devised in consultation with the housekeeping department by 31/03/2022 • Housekeeping hours allocated to the centre were increased from 24/01/2022 with good improvements noted and is ongoing. • Housekeeping equipment was fully cleaned following the inspection on 19/01/2022. A log to record the ongoing cleaning of housekeeping equipment is in place 28/02/2022 • The housekeeping supervisor visits the centre daily (Mon-Fri) to assess the standard of hygiene and address any deficits. A record is maintained of this and is checked by the PIC/CNM's. 07/02/2022 • The PIC / CNM's evaluate standards of cleanliness daily and hygiene/IPC is a standing item at handover. A reporting system is in place to raise any concerns or deficits with the Housekeeping supervisor and Housekeeping Manager to agree actions to address these. 07/02/2022 • Additional shelving has been provided in the clinical storage room, some replacement items have been provided and painting and replacement flooring in identified areas has been replaced 07/02/2022 • A schedule of works to fit remaining shelving/storage, the reconfiguration of unused sluice and toilets and ongoing work in the building is being drawn up with the maintenance department and the schedule will be finalised by 31/03/2022 .All works in the schedule will be completed by 31/08/2022 • The Quality Enhancement Plan (QEP) is a live document under constant review and timebound actions are being revised in conjunction with the maintenance department's schedule of works referred to previously. QEP actions will be dated by 31/03/2022 • The Audit tool is being reconfigured to allow sufficient space to record findings and actions, and will be completed by 31/03/2022 • Peer and Lead IPC audits have been carried out in late Jan 2022 - February 2022 and the learning from three Regulation 27 inspections have been shared across the region,	

including reinforcing a need for scrutiny and systems regarding hygiene and IPC 28/02/2022 and ongoing
• Sharps containers have been relocated to the locked medicine storage area and staff reminded about safe sharps practice including closure of containers. The sharps procedure will be reissued to all staff teams by the Programme Manager, directing the need for compliance with same by 15/03/2022
• The provider representative 6 monthly visits on site are again underway and an unannounced visit occurred in February 2022. The provider representative audit format is under review and the Quality Manager has advised that a specific section for Regulations 27 and 28 will be in the report for visits going forward which will automatically populate the QEP 31/03/2022
• Locks have been fitted to the identified bins 07/03/3022
• A review of the operation of bathroom bins identified is underway with the hygiene contractor and is considering frequency of collection (increase), storage if brought outside and sanitization while being collected, emptied and returned. This review will be completed by 31/03/2022. In the interim the PIC has made arrangements to ensure bins are cleaned externally before being returned inside the centre.
• All up-to-date legionella test results have been issued to centres and the Water Hygiene LOP has been re-issued region wide 23/01/2022. Unused outlets are flushed twice weekly and recorded. A shared drive database is being developed to contain all records of flushing, temperature checks and contractor test results for all centres, and this will be accessible to all maintenance, housekeeping and centre supervisors and PIC's in the relevant centres to update, including this DC 31/03/2022.
• The training matrix has been updated with the required training dates 07/02/2022 and the PIC/CNM's will ensure the record is updated and reflects accurate data when training is completed. Completed and ongoing
• A report will be completed by the PIC and Programme Manager in consultation with Public Health following an outbreak and submitted to and reviewed by the IPC committee. Any recommendations will be issued to the centre for action and included on the centre's QEP and any learning from the outbreak will be issued to all areas for implementation. The Committee will identify trends and report same to the Covid management group for discussion and action. 31/03/2022

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).

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	Red	31/03/2022