



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

Issued by the Chief Inspector

Name of designated centre:	Teach Lamagh
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	30 May 2022
Centre ID:	OSV-0001840
Fieldwork ID:	MON-0036080

About the designated centre

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

Teach Lamagh is a designated centre operated by St. Christopher's services in Co. Longford. The centre can provide full-time residential care to up to three adults with an intellectual disability, both male and female. The centre is located in a village in Co Longford and is within walking distance to amenities such as shops, café, and bar. Residents receive support from a team of social care workers and support workers on a twenty-four-hour basis. There is one waking night staff each night to support residents with their needs. Teach Lamagh is a large bungalow located in a quiet housing estate. There are five individual bedrooms. The main bathroom has an accessible shower facility and there are two other bathrooms, one with shower facilities and one without. There is a large kitchen and dining area, sitting room, and living room. There is a large outdoor area at the rear of the residence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Monday 30 May 2022	10:15hrs to 16:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the arrangements that the provider had put in place in the centre in relation to infection prevention and control (IPC). The inspection was carried out over one day, and during this time the inspector met and spoke with residents, staff and a member of the management team. In addition, the inspector observed interactions and practices, and reviewed documentation in order to gain further insight into the lived experiences of residents.

On arrival to the centre the inspector met with a staff member from a nearby designated centre under the same provider, who informed the inspector that the residents and staff had left to go to the residents' day service. The person in charge was on leave at the time, however the person participating in management (PPIM) made themselves available for the duration of the inspection. The centre could accommodate up to three residents and there were two residents living in the centre at the time of the inspection. The inspector was informed that there were currently no plans for another resident to move in.

The inspector met with residents later that day after they returned from their day services. Residents greeted the inspector on their own terms and one resident agreed to spend time talking with the inspector alone. They spoke about topics of interest to them, and spoke about their family. When asked about measures in place for IPC in the centre and if any measures had been discussed with them, they pointed to the hand gel that was in their sitting-room, and they said that they disliked wearing face masks. Another resident who did not communicate verbally, acknowledged the inspector in their own terms, and were observed relaxing in the living-room watching television with staff after having a snack. Residents appeared happy and comfortable in their home and around staff.

The inspector also met with two staff who were on duty supporting residents that day. Staff were observed to be wearing face masks as appropriate, and adhering to standard precautions such as carrying out hand hygiene. One staff member was working a split shift that day, and the inspector spent time talking with them in the morning. Staff spoken with were knowledgeable about the specific arrangements in place for IPC such as cleaning schedules, laundry arrangements, arrangements for disposal of sharps and about residents' care and support requirements for specific health-related needs.

The house was a five bedroom bungalow located in a quiet residential area on the outskirts of a village. Both residents had their own bedroom and there were three bedrooms unoccupied at the time of inspection. Residents' bedrooms were observed to be bright, clean and well ventilated and were personalised in line with residents' likes and preferences. There was ample communal areas for the two residents to enjoy including; a kitchen, living-room and large sitting-room. The inspector was informed, and later observed, that residents had preferred rooms in which to relax.

For example, one resident preferred the large sitting-room and the other resident preferred to relax in the living-room. Both rooms had televisions and were observed to be personalised with residents' personal effects and photographs.

The kitchen appeared clean and bright. There were colour-coded chopping boards and notices on display about the colour-coded cloths to use. There were easy-to-read notices on display including a visual time-table and residents' meeting notes. The kitchen area also included a dining area with a table and chairs.

There was a utility room which was accessible from the main hallway. This contained the laundry equipment, cleaning products and PPE supplies. There was ample stock of PPE and arrangements in place for ensuring adequate stock supplies. The inspector found that a small number of alcohol hand rubs were out-of-date. The laundry arrangements in place were found to promote good IPC, such as having specific laundry baskets for tea-towels, mop cloths, and each resident had their own individual laundry baskets and times for laundry.

There was a communal bathroom accessible from the hallway which contained a level access shower and which had floor to wall tiles. Residents' toiletries were stored in their own specific containers in the bathroom, which were clearly identifiable. This bathroom contained a shower chair, which staff reported was only used after showering for support with dressing, and they confirmed that this would be cleaned after any use. The communal bathroom was noted to be generally clean, however some improvements were required. These will be discussed in more detail in the 'quality and safety' section of the report.

Overall, the inspector found that there were good arrangements in place in Teach Lamagh for IPC and that care was delivered to residents in a person-centred and safe manner. From the walkaround of the centre, it was observed that in general the house was clean, bright and homely and that the provider had put measures in place for IPC, such as posters on display about IPC measures and PPE use, notices about cleaning and wall mounted hand gels. However, improvements in the cleaning of communal bathrooms would further enhance the good practices in place and promote improved IPC measures. The next two sections of the report will provide more detail on the findings of the inspection.

Capacity and capability

There was a robust governance and management structure in place, with clear lines of accountability for staff and the management team. The provider had policies and procedures in place for the management, control and prevention of infection. This included: a risk management policy and an 'Infection Control Policy and cleaning and disinfectant guidelines', which included arrangements for the management of a range of infectious diseases and viruses, waste management and sharp bin arrangements.

Risk assessments had been developed for identified healthcare risks and outbreaks of infections, and these were found to be under regular review to ensure that the control measures were effective. There was a 'COVID-19 work safely protocol' which had recently been signed off by the provider representative. The person in charge was appointed as the 'compliance officer' for the centre, with the PPIM appointed as the COVID-19 lead for residential services. The registered provider representative was noted as the service overall lead on the contingency plan for outbreaks of COVID-19. Contingency plans and an outbreak management plan had been developed in the event of a COVID-19 outbreak. The contingency plan required updating to reflect the centre-specific arrangements for donning and doffing areas and safe zones. The PPIM stated that this had been included in previous versions, and undertook to update the most recent plan to ensure that the guidelines for staff were clear in this regard.

There were a range of regular audits carried out in the centre relating to health and safety and IPC, which demonstrated good oversight and monitoring on an ongoing basis. These included; daily cleaning checklists, weekly infection control checklists and monthly environmental hygiene audits. The person in charge completed IPC audits, and regular health and safety checklists through a comprehensive online audit tool. These were found to be effective in identifying actions for improving the premises, with some actions noted to be completed and some were noted to be in progress. For example, the flooring in the kitchen area had recently been replaced and a new microwave oven got. The provider completed unannounced six monthly audits as required in the regulations. In addition, the provider had arrangements with an external company to complete health and safety audits every three years, with the most recent one completed in April 2022

The centre operated a social care model of care and was staffed with social care workers and support workers. The staffing arrangements included one staff each morning and two staff working each evening. In addition, there was one waking night staff each night, who also covered some morning time hours. There was a manager on-call system in place for out-of-hours should this be required. The staffing arrangements supported the ongoing upkeep of the house. For example; there was a cleaning schedule in place for the centre, which identified areas of responsibilities for day and night staff to undertake.

Staff had access to training as part of their continuous professional development. This included training in personal protective equipment (PPE), Hand Hygiene and IPC modules. Records reviewed found that all staff had completed the necessary training identified by the provider in order to ensure that staff had up-to-date knowledge and skills relating to IPC practices.

There was a communication pathway in place to communicate guidance to staff to ensure that they had the most up-to-date information about public health guidance and other key information about IPC arrangements. This included the use of e-mails, attendance at webinars, notices and discussions at team meetings. Staff reported on the effectiveness of the communication methods, and said that they felt well supported in the centre. The provider's policies and procedures also included arrangements for communication to staff, residents and families during times of

outbreaks, and provided details about supports available for staff, such as Employee Assistance Programmes.

In addition, the centre had a communication diary in place which was noted to contain important communications regarding centre-specific arrangements and reminders about IPC arrangements, such as waste disposal dates, arrangements for sharps disposal etc.

Overall, the inspector found that there were good systems in place for IPC arrangements with regular auditing of the service. This promoted good oversight and monitoring to ensure IPC arrangements were safe and effective.

Quality and safety

The inspector found that the service provided person-centred care to residents and that arrangements in place promoted the best possible health outcomes and wellbeing of residents. The premises was maintained to a good standard and there were arrangements in place for the ongoing cleaning and identification of maintenance issues in the centre. Some aspects relating to bathrooms required review to ensure effective measures were in place to promote the best possible IPC practices at all times.

The overall standard of cleanliness and IPC practices in the centre were found to be good in ensuring measures were in place to promote the safety for all on an ongoing basis. In the main, the house appeared clean and there was a daily cleaning schedule in place. There were a number of cleaning products available in the centre, and a notice for colour codes for mop heads which was in line with the provider's policies and procedures. However, the arrangements for cleaning the communal shower room required review. On the day of inspection, there were visible areas of black specks in the corners of the shower area and on the nearby wall tiles. The PPIM undertook to follow this up and ensured that this would be addressed. In addition, the arrangements for waste bins and toilet roll storage required review in some bathrooms, as some bathrooms had open bins and there was no toilet roll holder in place in some, which meant that there could potentially be multiple handling of the toilet roll by individuals which could cause transmission of infection.

Residents were found to be supported in a person-centred manner. Residents who required supports with health-related needs had comprehensive care and support plans in place to guide staff in how to provide safe and effective care. Residents were supported to understand, and be fully involved, in their healthcare needs. For example, the inspector was informed about how one resident with a specific healthcare need had been supported to understand and take part in the care need with the use of a technological device. In addition, there was evidence that care needs were kept under regular review and that residents were supported to access any healthcare appointments and allied healthcare professionals, as required. In addition, residents had access to vaccination programmes and testing for COVID-19

as required.

The personal and intimate care plans in place for residents were found to be comprehensive and contained guidance to promote good IPC measures. For example, it was noted that one resident required supports with hand hygiene. Staff spoken with described how to support the resident with this, which was in line with the resident's support plan. In addition, residents had 'Hospital Passports' which clearly outlined supports required and provided details about how best to communicate with residents should they require hospital care. Residents' meetings were held regularly and the inspector was shown a suite of easy-to-read guidance and social stories that were available to support residents with understanding health and IPC topics. For example, it was noted at a multidisciplinary review meeting for one resident that the behaviour specialist was involved in developing a social story for a resident about preparing for vaccinations. One resident spoken with pointed out the hand gel dispenser and spoke about the use of face masks when speaking about IPC measures.

There were arrangements in place for monitoring signs and symptoms for residents as a preventative measure to minimise the risk of COVID-19 outbreaks. The provider ensured that there was an adequate stock of PPE available, and the local management team ensured that there was a system in place to review stock supplies and replenish supplies, where required. A small number of the alcohol hand rubs were out of date. Staff were provided with public health and other COVID-19 related information, as required. There was a risk assessment and outbreak management plan developed for the risk of COVID-19 and infectious diseases. This included arrangements for isolation of residents if required, and the arrangements for staffing the centre in the event of staff shortages. The contingency plan required review to ensure all the relevant centre specific information was included, and the PPIM addressed this on the day of inspection.

In summary, residents appeared happy and comfortable in their home environment and there was accessible information available to support their understanding of IPC measures. Some improvements were required to the cleaning of the communal shower area, and in reviewing the arrangements for waste disposal and toilet roll storage in some bathrooms. Improvements in these areas would further enhance the good practices in place in the centre to promote effective and safe IPC measures.

Regulation 27: Protection against infection

Some improvements were required to ensure effective IPC measures and practices. These included:

- A review of the cleaning schedule for the communal shower area was required to ensure that all areas used by residents were kept clean.
- A review of the use of open waste bins and toilet roll storage in some

bathrooms was required to ensure that arrangements promoted the best possible IPC measures to reduce any potential for infection transmission.

- PPE stock checks required improvements to ensure that all stock was in date.

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 Teach Lamagh OSV-0001840

Inspection ID: MON-0036080

Date of inspection: 30/05/2022

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">• A review of the cleaning schedule for the communal shower area has been completed, a deep clean was undertaken and weekly deep clean added to cleaning schedule.• A review of the use of open waste bins and toilet roll storage in some bathrooms was required to ensure that arrangements promoted the best possible IPC measures to reduce any potential for infection transmission. New pedal bins and toilet roll holders purchased• PPE stock checks now includes the requirement to check the best before date on all PPE, which will coincide with quarterly PPE ordering.	

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	15/06/2022