



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

Issued by the Chief Inspector

Name of designated centre:	DC2
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	11 May 2022
Centre ID:	OSV-0002934
Fieldwork ID:	MON-0036888

About the designated centre

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

DC2 is a designated centre for adults with intellectual disabilities operated by St. John of God Kildare Services. The centre is located in a congregated campus setting situated in a town in County Kildare. The centre comprises of two residential bungalows beside each other. One of the bungalows has the capacity for five residents and the other bungalow has capacity for four residents. The designated centre provides residential services for adults both male and female with intellectual disabilities with additional healthcare and behaviour support needs. The centre is managed by a person in charge who is supported by a senior manager. The staff team comprises of nurses with health and social care workers also working in the centre to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Wednesday 11 May 2022	10:20hrs to 15:25hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This unannounced inspection focused on assessing the arrangements made by the registered provider for infection prevention and control (IPC) measures. The inspector met with four of the nine residents living in the centre, one staff member, and the person in charge throughout the day. Two residents were in hospital at the time of the inspection. In addition, the inspector examined documentation and processes and inspected the physical environment in both homes. Overall, the inspector determined that the registered provider had established robust systems and arrangements to guarantee that procedures and practices met the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

The centre is located on a large campus setting situated in a town in County Kildare. The centre comprises of two residential bungalows beside each other. One of the bungalows has the capacity for five residents, and the other bungalow has the capacity for four residents. All residents have their own bedroom, and each house has a kitchen, living and communal areas and accessible bathrooms. Since 2018, the provider has implemented a de-congregation plan for the campus, reducing the number of residents living in this centre from 12 to 9. This additional space allowed for extra communal and leisure facilities for residents; for example, a spare bedroom was changed into an arts and crafts room. However, some other parts of the centre had limited areas for storage, as discussed later in the report.

On arrival, the inspector was greeted at the door by a staff member who was going out with a resident for a walk. There was signage on the external door to remind visitors of COVID-19 restrictions and precautions. The entrance hall was supplied with hand sanitiser, masks, gloves and a bin for the disposal of used personal protective equipment (PPE). Arrangements were in place for temperature checking of all staff and visitors. The person in charge recorded the inspector's temperature and details in a visitor's log for the purpose of contact tracing. Easy to read information and posters directing social distancing, hand hygiene and cough etiquette were displayed throughout the designated centre. The inspector observed some windows were open and the property was well ventilated.

Some residents living in this centre needed assistance in communicating their opinions and preferences. Therefore, these residents had communication passports to assist them in making decisions regarding their care and support needs, which they expressed through gestures and nonverbal signs. The person in charge supported one resident to inform the inspector about their plans for the day to view construction work in which they had a particular interest. The resident was laughing with the person in charge as they discussed the outing and the resident's various likes and hobbies. The inspector found residents were also informed about COVID-19 through easy to read information, which was discussed at residents' meetings.

Residents were supported by a team of nurses and healthcare assistants. The staffing arrangements in the centre were found to be based on an assessment of

residents' needs. It was found that sufficient cleaning staff had been assigned to implement infection prevention and control risk measures. All residents received day service supports from the designated centre through a wrap-around service. It had been identified by the person in charge and the provider that improvements could be made for residents' opportunities to engage in more leisure and skills-building activities. As a result, the person in charge outlined the plans to renovate three rooms in a building on campus into activity rooms for residents to use as part of their day activation programme.

A review of documents found that there were individualised support plans in place for residents that directed person-centred infection control practices. For example, there were plans in place to guide staff in supporting residents in the event of a COVID-19 outbreak and how to support residents in the event that they needed to self-isolate. The person in charge had ensured that the arrangements for receiving visitors had been updated to reflect national guidance and had implemented proportionate risk measures to enable residents to visit their family and friends and receive visitors in their home in a safe manner. A new sitting area had been installed outside, since the previous inspection to enable residents to meet with visitors outside during times of restricted access to the centre.

The next two sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered in relation to infection prevention and control. This will be done under Capacity and Capability and Quality and Safety, and will include an overall judgment on compliance under Regulation 27, Protection against infection.

Capacity and capability

This inspection was part of a HIQA monitoring programme that began in October 2021 and focused on infection prevention and control. Governance and management, the leadership of the centre, monitoring of the provider's infection control practices, and staffing were all key topics of focus during this inspection. Overall it was found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare-associated infection in the centre. Some improvements were required in relation to premises and storage issues, which the provider had begun to address. Some gaps were noted in relation to the IPC policy and the cleaning of some mobility equipment.

There were clear and effective management systems in place to ensure that infection prevention and control measures in the centre were monitored on a regular basis. In the centre, there was a full-time person in charge. The centre was also supported by a senior management team that included an infection, prevention and control committee led by the assistant director of nursing, who was available to

support with any infection control or COVID-19 issues that arose. The person in charge conducted both formal one-on-one supervisions with staff as well as regular on-the-floor support for staff and residents.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. Detailed unannounced audits were being carried out twice each year on behalf of the provider. Records of these audits showed a good level of compliance and that any identified issues had been or were being addressed within realistic time frames. The six-month announced audits included IPC measures in its findings and posed questions to the person in charge regarding access to PPE, staff training and access to IPC expertise. The auditing systems also included stand-alone infection control auditing. A comprehensive infection control audit was completed in March 2022. Part of the audit questioned staff on their knowledge of the 'five moments of hand hygiene' and observations of practice. Overall, the audit showed a good level of compliance. The person in charge and the provider were found to have commenced work to address any deficits identified in the audit.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centre's staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, COVID-19, infection control, the donning and doffing of personal protective equipment, aseptic technique, antimicrobial stewardship, national sepsis management and the HIQA Standards. The person in charge and team leader regularly reviewed training records and staff training needs and scheduled further training when required. Staff were kept informed of changes to practices in IPC measures, specifically in relation to COVID-19. Written updates were provided via email, and changes were discussed at the 'safety pause' in the morning. This safety pause included reviewing any symptoms staff may be feeling, if new staff were working and did they require additional support.

The provider had a number of policies and procedures in place to guide staff with (IPC). The provider, for instance, had an IPC policy and procedure, as well as a hand hygiene method, a COVID-19 policy, and an outbreak management plan. Each of these included references to national recommendations provided by the Health Service Executive, the Health Protection and Surveillance Centre, and the Health Information and Quality Authority, among others. The inspector assessed the guidance and found it consistent with current recommendations concerning the current COVID-19 national guidance. In addition, the provider has established a set of internal controls to ensure that these policies and procedures were followed, including requiring staff to complete required IPC training, environmental audits, and daily and weekly cleaning checklists. On review of the IPC policy however, it was found that it lacked comprehensive detail in order to fully guide staff practice, for example, the information for the safe management of sharps and inoculation injuries was limited. From speaking with senior management, however, this had already been identified, and the policy was currently under review.

The centre was suitably resourced to ensure that residents received quality care and support. These resources included providing appropriate, safe, and comfortable

equipment and furnishings, as well as appropriate transportation for residents and necessary staffing levels to support them. To limit the risk of infection, the centre was equipped with a variety of measures to support the infection, prevention and control measures. Hand sanitiser dispensers were placed throughout the premises, as were disposable gloves and aprons, cleaning supplies, and thermometers for measuring temperatures. Face masks, particularly FFP2 masks, were available, and staff were seen wearing them at all times when in the presence of residents.

Staffing arrangements were reviewed on a regular basis to ensure that the right number and skill mix of people were on duty at all times. Residents were supported by nurses and healthcare assistants. A regular staff team was assigned to work in this centre, and relief staff was not necessary on a regular basis due to the consistency in staffing numbers. This was beneficial to the residents since it ensured they were constantly assisted by staff who were familiar with them and their assessed needs. Furthermore, it had a positive effect on minimising the residents' risk of infection from an infection prevention and control standpoint because they were not exposed to extra social contacts.

The provider had a detailed cleaning schedule outlining the centre's hygiene requirements. Housekeeping duties were the dual responsibility of staff on shift and also cleaning staff assigned to the centre seven days a week. Records indicated that staff were completing daily cleaning of the centre with increased cleaning and sanitising of touch points such as door handles and light switches. Two cleaning staff were present in the centre during the inspection. Staff who spoke with inspectors were clear about cleaning and sanitising routines and explained how these were carried out. These staff explained the colour-coded cleaning system used, the process for washing mop heads, and the use of alginate bags for managing potentially infectious laundry. Cleaning staff also informed the inspector that the provider had recently facilitated cleaning staff to attend a nationally recognised three-day specialised hygiene training program for staff working in healthcare settings. This demonstrated the provider's commitment to improving their centres' hygiene and infection, prevention and control measures in line with national standards. The content of this external course included HIQA's 2017 – National Standards for the prevention and control of healthcare-associated infections in acute healthcare services and staff explained the learning they had gained from this training and the change in practices as a result. For example, there was a change of cleaning products being rolled out based on best practice.

Quality and safety

The provider was overall meeting the criteria of Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), but additional measures were needed in order for them to be fully compliant. The inspector noted that residents and staff had appropriate information and were involved in decisions about preventing, managing and controlling the spread of

infection. Routine and enhanced cleaning, as well as infection prevention audits, were carried out. Outbreaks of infection had been well identified, controlled and reported to HIQA. Residents were encouraged to visit their family homes and receive visitors in accordance with public health guidelines.

During a walk-around of the centre, the centre was found to be visibly clean and well-maintained. There was a comprehensive cleaning schedule in place, 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. For example, cleaning staff checked the fridge every morning for cleanliness and to ensure open date labels were placed on food items. It was seen that in each house, colour-coded equipment was being used to clean designated parts of the houses (such as bathrooms and kitchen) to help reduce the risk for cross-contamination. The provider had identified that some parts of the centre required updating and replacing, this included flooring and the replacement of kitchen cabinets and furniture.

As identified by the inspector on the walkabout, an area that required improvement was the storage space in some areas and/or inappropriate storage areas. The storage of mops, cleaning equipment and other household stores required review as the shed these were contained within was not water-tight and had signs of water damage. Some residents living in this centre presented with a variety of support needs. This meant some residents required additional medical equipment or devices to support them complete or participate in their activities of daily living. The inspector noted that equipment, such as wheelchairs, hoists and other portable equipment such as weighing scales were stored in the corridor of the centre due to the limitations in space in the centre. The equipment was not included in the daily and weekly cleaning schedules. This meant that there was no evidence that these were routinely maintained and cleaned between each resident's use.

Given the current COVID-19 pandemic, temperature checks on residents and staff in the centre were performed daily as required by national guidance. Separate records were also kept for any visitors who arrived at the centre, which is important for contact tracing. After reviewing a sample of these records, the inspector found that staff and visitors were routinely signing in and out of the centre and verifying their temperatures upon arrival. The provider also had their own COVID-19 swabbing staff who could support residents to be tested if needed. It was also noted that efforts were being made to keep residents informed about matters relating to COVID-19, with a sample of notes from resident meetings examined indicating that residents were informed of COVID-19 restrictions. For example, Youtube videos were shown to residents to demonstrate hand washing techniques and cough and sneeze etiquette.

In the centre, there were systems in place for risk assessment, management, and ongoing review. Individualised risk assessments for infection control and COVID-19 risks had been produced. Risks had been identified, and when necessary, mitigation actions had been undertaken. This included an evaluation of potential hazards associated with visiting the centre, risks associated with Legionella of infrequently used water outlets, and COVID-19 concerns. The inspector identified some

improvements that were required to the risk identification system to ensure additional IPC risks were monitored, for example, the inclusion of the risk of exposure to sharps injuries.

The inspector reviewed the processes and the records maintained by the provider in terms of the checking and review of the water supply, to monitor for the presence of Legionella. The inspector found that the water supply and cold water storage system were subject to regular monitoring and maintenance by a suitable qualified external contractor. The inspector also noted that the provider had a system in place for the regular flushing of water outlets, including taps, shower facilities and toilets in the centre. Staff spoken with clearly demonstrated knowledge of these procedures. However, upon review, the inspector noted some gaps in the documentation in the centre regarding monitoring actions carried out by the maintenance team, corrective actions carried out by the external contractors and the recording of showerhead disinfection procedures. Information received following the inspection verified these actions had been completed, but the documentation was not maintained in the designated centre. In light of this gap in record keeping, the provider stated the water hygiene local operating procedure would be amended to ensure the actions taken and outcomes were maintained in the centre, which would allow greater oversight by the person in charge.

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. The inspector observed practices which were consistent with the national standards for infection prevention and control in community services. There was a strong governance framework in place which resulted in the delivery of safe and quality services and facilitated good oversight of infection prevention and control practices. Staff had access to regular and relevant training and the inspector observed good adherence to both national and organisational policy and guidance.

Some areas for improvement were required to ensure that residents and staff were fully protected from exposure to infection. These included the following:

- The storage of mops/buckets, cleaning products and other household items required review.
- One house in the designated centre required upgrading in several areas including the kitchen and dining room.
- The IPC policy was not comprehensive in scope to effectively guide staff practice, although this policy was under review at the time of the inspection.
- The storage and disinfection of mobility equipment required review.

- The documentation and recording in relation to the water management system was required to be maintained in the centre.

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 DC2 OSV-0002934

Inspection ID: MON-0036888

Date of inspection: 11/05/2022

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> <p>A designated area will be created in the DC for storage of all mobility aids.</p> <p>All mobility aids have now been included in the staff cleaning schedule folder.</p> <p>New flooring has been installed throughout area identified in the inspection (Kitchen, dining room, hallway, staff office, main bathroom and the bedrooms) post the inspection (09/06/22)</p> <p>Application has been approved for a large split metal shed to replace the damaged wooden sheds. This metal shed will have new storage for household equipment (mops, buckets etc)</p> <p>New dining table and chairs have now replaced the old ones in the DC post inspection (19/06/22)</p> <p>The kitchen cabinets have been fixed and tightened by maintenance post inspection-19/06/22)</p>	

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	30/09/2022