



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

## Issued by the Chief Inspector

Name of designated centre:	DC9
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	05 August 2022
Centre ID:	OSV-0003575
Fieldwork ID:	MON-0037385

## About the designated centre

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

St. John of God Kildare Services Designated Centre 9 is a respite service for children aged between seven and eighteen years, and adults with an intellectual disability. Children and adults wishing to avail of respite services within Designated Centre 9 must be attending St John of Gods school or day services within the catchment area. The service is provided to both groups on alternate weeks. The individuals who avail of the respite service are supported by a staff team that comprises of a clinical nurse manager, a social care leader, nurses and social care workers. The centre consists of a two storey dwelling that provides services for a maximum capacity of five individuals. The length of stay varies from two to seven nights and depends on the needs of the individual and their family. Each person who avails of a respite break is supported to access and participate in meaningful social activities, leisure pursuits and outings in the local community. The maximum capacity of children that can be accommodated at one time is four, and for adults it is 5.

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

Number of residents on the date of inspection:	5
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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
Friday 5 August 2022	10:30hrs to 16:00hrs	Erin Clarke	Lead

## What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation. This inspection was unannounced. As part of this respite centre inspection, the inspector met with some children, their family members, a senior member of management, and staff on duty. The inspector also observed the care and support interactions between respite users and staff at intervals throughout the day. Overall, the inspector found from conversations and observations that the children enjoyed their stays at the centre. In addition, the inspector noted that respite users were consulted in activities, outings and mealtimes of their choosing during their stays. However, the inspector found that the oversight of the general infection prevention and control arrangements in the designated centre required enhancement. The inspector identified several risks on the day of inspection, including premises issues, insufficient guidance available to staff and a lack of provider oversight of some parts of the centre, which were required to be addressed by the provider.

The designated centre is a respite service for children aged between seven and eighteen and adults with an intellectual disability and provides respite services to children and adults on alternative weeks. Children and adults do not attend the designated centre at the same time. The centre is a two-storey home in a housing estate in a town suburb in County Kildare that can accommodate up to five adults or four children at a time. Depending on the individual and their family's requirements, respite breaks ranges from two to seven nights. Respite users are supported by a team of nurses and social care workers.

At the onset of the COVID-19 pandemic, the respite centre closed in March 2020. It reopened in August 2020, during phase one of the planned reopening respite process, to support a reduced number of residents daily, Monday to Saturday. Overnight stays on three alternative days re-commenced from January 2021 on a reduced capacity of two respite users at one time. Full-service provision resumed in May 2021 as the restrictions imposed during the COVID-19 pandemic decreased. The gradual increase in service delivery aimed to ensure that respite services were provided with a reduced level of risk of infection to respite users, their families and staff.

On arrival at the centre's front door, it was seen that a COVID-19-related sign for any visitors was clearly on display. A staff member answered the door in the presence of two residents, and it was observed that the staff member was wearing a surgical face mask in line with the latest national guidance. This staff member took the inspector's temperature and directed the inspector to sign into a visitors' log for the centre. Three children were present on the morning of the inspection, along with three staff members, and they were waiting for family members to arrive to collect them after their few night's respite break. Two children had previously left the centre in the morning, and in the afternoon, three more children had arrived to start

their respite stay. Although the centre was registered for five respite users, the centre's statement of purpose, an important governance document by which the centre is registered against, stated that five adults or four children could be accommodated at one time. It was unclear during the inspection when this occupancy change occurred and whether staffing levels were increased to meet the increased capacity. The inspector sought further assurances post-inspection and requested that a reviewed statement of purpose was submitted to the Chief Inspector.

The inspector greeted and interacted with the children that were present during the inspection. The children were unable to provide feedback about the service or demonstrate their knowledge and understanding of aspects related to infection prevention and control. Therefore, the inspector carried out observations in the centre to ascertain how staff supported residents to engage in good infection control practices. While the children were unable to tell the inspector their views of the service, they appeared to be happy, content and comfortable in the company of the staff. The children were smiling and taking staff members' hands affectionately. There was an atmosphere of friendliness in the house. Staff were observed to interact with the children in a caring and respectful manner. Staff interacted warmly with the children, responding to and reassuring them while they were excitedly waiting to go home.

It was clear to the inspector that respite users and their families alike cherished the respite breaks made available to them. Respite users attending the respite service and their families regularly communicated that they thought of their respite stay as a holiday. Respite users were encouraged to bring items from home which may support them to feel more at home and relaxed during their stay, such as computer tablets with movies preloaded on them or toys. An inventory for each individual is organised on arrival to ensure that all their belongings return home with them at the end of their stay.

On admission to respite, respite users completed a meeting where they decided what they would like to do during their respite stay. At this meeting, staff members discussed infection prevention and control matters with respite users. Signage relating to hand hygiene, the use of personal protective equipment and general infection prevention and control measures were on display in the centre. Many of these were seen to be in formats that residents who attended respite could understand. For instance, one of the bathrooms in the centre has simple-to-read instructions on how to wash your hands.

The centre had procedures in place to reduce the risk of transmission of COVID-19. This included a pre-admission telephone call with families of the respite users attending the service, where a COVID-19 symptom checker was completed. Staff took twice daily observations of respite users to monitor for COVID-19 as well as their general health status.

The centre contained four bedrooms upstairs and one double occupancy bedroom on the ground floor. There was also a sitting room, kitchen and dining area and a separate sensory / playroom available to respite users. A garden was located to the

rear of the property, which included an accessible swing for wheelchair users, a climbing frame, and a play shed. Improvements actioned from the previous inspection in April 2021 regarding the maintenance of outdoor equipment remained outstanding as the inspector observed rusted seating areas that had not been replaced. In addition, the play shed required cleaning to ensure it was suitable for its purpose. Other areas that needed attention are detailed further in the report.

Overall while the centre provided a homely environment for respite users, further improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, the decor and flooring in several respite users' rooms were showing signs of wear and tear. Overall the communal areas, toilets, and bathrooms inspected appeared visibly clean. However, adequate terminal cleaning of all vacant bedrooms had not been carried out. Other areas, including the utility room and garage used for laundry and storage of personal protective equipment, also required decluttering and deep cleaning.

The next two sections of the report will discuss findings from the inspector's review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection.

## Capacity and capability

The designated centre had been previously inspected in April 2021 and, following that inspection had its registration renewed until December 2024. As part of a programme of inspections commenced by the Health Information and Quality Authority (HIQA) in October 2021, focusing on Regulation 27 and the National Standards for infection prevention and control in community services (2018), it was decided to carry out another inspection of this centre to assess adherence with these standards in more recent times. Key areas of focus on this inspection included monitoring the provider's infection prevention and control practices, the leadership, governance and management of the centre and staffing. The inspector found that the provider did not comply with Regulation 27; weaknesses were identified in infection prevention and control monitoring and oversight, risk assessment and care planning, in addition to environmental and equipment management.

The centre had last been inspected in April 2021, and as part of that inspection, infection control arrangements for COVID-19 were reviewed and were found to be suitable and in line with public health guidelines. On this inspection, the inspector solely focused on all areas related to infection control and associated standards in the wider context of preventing healthcare-associated infections.

The inspector requested several policies, documentation and records during the inspection; however, they were not readily available due to the absence of key personnel. Nevertheless, despite the gaps in management, for the purpose of providing clear direction to all staff regarding infection prevention and control

measures, this information should be maintained in the centre for simple retrieval.

The designated centre is managed by a local management team. The person in charge is supported by a residential coordinator, who in turn is supported by the programme manager. Since the last inspection, there had been significant changes to the management and governance team within the centre. The person in charge had moved to a new role within the organisation and was replaced by a new person in charge in November 2021. There were also three other changes to the management team within the same period. The provider notified the Chief Inspector of services in July 2022 of the absence of the person in charge due to statutory leave. The inspector found that due to the number of changes, there were unclear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection within the centre.

On the day of the inspection, the person deputising for the person in charge was unavailable, so the inspector met with the newly appointed residential coordinator to the centre. As they were only recently appointed and not based in the centre, the location of some of the requested information by the inspector was unknown to them. However, it was clear that issues that arose during the centre's inspection was taken seriously by the manager, and correspondence received post-inspection demonstrated measures were being taken to reduce risk to respite users. For example, details of a deep clean and maintenance works were committed to based on the preliminary inspection findings.

The provider's annual review referred to COVID-19 and the impact of the pandemic on respite users. It also referred to COVID-19 guidance in place and staff training. However, it had limited evidence of consideration or review of infection prevention and control measures and arrangements in the centre. While the six-month unannounced audit had some recommendations for infection prevention and control, including the need to remove documents that were no longer in date or relevant to the current government guidelines. The inspector found the outdoor garage used for storage did not form part of this audit or was listed on any cleaning checklist. The inspector identified a number of risks in this area as detailed under regulation 27.

It was unclear from reviewing the information in the centre as to the arrangements in place for reviewing and monitoring infection prevention and control matters. For instance, the provider's contingency plan dated June 2022 listed seven online infection prevention and control training modules that were required by all staff. A training matrix was not maintained in the centre for ease of oversight of training; however, on review of the individual training certificates, not all training had been completed. Staff clarified that they were unaware of the requirement to do so. Under the national standards, it is important that providers ensure their staff have the competencies, training and support to enable safe and effective infection prevention and control.

The inspector was informed that the centre was assigned a housekeeping staff two days a week so additional cleaning tasks could be carried out. Cleaning duties were the dual responsibility of both support and household staff. The inspector reviewed the overall effectiveness of the cleaning checklists used to provide assurance that



tasks were completed. For example, there were daily cleaning schedules and tasks required by both day and night staff to demonstrate that essential cleaning was completed. The inspector noted there were a large number of gaps in these documents being completed and, upon the walk around of the centre, found that the gaps corresponded to less than sufficient cleaning of the centre. The inspector observed that the staffing levels in the centre did not sufficiently allow for these tasks to be completed. The provider's six-monthly review completed in April 2022 also raised a query in relation to the staffing levels of the centre as the whole-time equivalence (WTE) as laid out in the centre's statement was 10.6; however, on review of the rosters, it was 8 WTE.

The inspector reviewed the systems in place to ensure that staff were provided with updated information and guidance related to COVID-19 and more comprehensive infection prevention and control matters. For example, it was indicated that monthly meetings took place within the infection prevention and control committee chaired by the assistant director of nursing, the infection control committee lead for the region. This information would then be disseminated to the person in charge, who would then share it amongst staff, including printing relevant documents and placing them in folders for staff to review. The inspector reviewed a COVID-19 folder and did note that copies of older national guidance were included and contained out-of-date information. Information relating to broader infection control and prevention matters, including policies, standard operating procedures, stock control, 2022 environmental audits and risk assessments, were not available for review.

## Quality and safety

The inspector found that the governance and management arrangements in the centre did not comprehensively support the ongoing and consistent provision of safe and quality care in relation to infection control. While there were good practices observed in relation to the delivery of direct medical and care to respite users, the quality of the service was impacted by the absence of specific guidance for staff in maintaining good infection prevention and control practices and, in some cases, the failure to fully implement policies and procedures which were available. The inspector identified several risks on the day of inspection, including insufficient detail in care plans, premises issues and a lack of providing oversight of the outdoor garage that contained laundry facilities, a food freezer, household cleaning equipment, mobility aids and mattresses.

Under the national standards, care for residents should be provided in a clean and safe environment that minimises the risk of transmitting any infection. While efforts were being made to promote infection prevention and control practice, during this inspection, room for improvement was identified in several areas during the walk around. There was the ready availability of comfortable furniture which could be easily cleaned. However, there was a lack of availability of suitable storage, with spare mattresses, hoists and specialist equipment to meet the needs of residents

being stored in the playroom and hallway. While this did not obstruct residents in moving through the centre, it did not contribute to a homely environment and was reflective of a wider issue with insufficient storage.

In the shared bedroom, there were areas of dust build-up under the two beds and around bed bumpers. Some mattresses were observed as torn and worn, which reduced the effective cleaning between respite users. Wardrobes were observed as cluttered with personal items, healthcare products and intimate care products that were not identifiable as to which respite user they belonged to.

There were improvements required to the availability of working pedal bins. The bins located in bathrooms had to be hand operated, posing an infection prevention and control risk to respite users and staff. The inspector noted that there were two sharps boxes located in the centre where used needles could be disposed of safely. One box was in use, and another had been closed and was awaiting disposal. However, the date of opening and closing and the name of the person who had completed these not been entered onto the label of the box.

Many of the respite users who accessed the centre communicated in non-verbal means. The inspector saw staff speaking to residents regarding their care and support needs and responding to respite users' non-verbal communications in a kind and respectful manner. The inspector reviewed a sample of respite users' files and saw that each had an assessment of need completed which was used to inform care plans. However, some care plans were out of date and required review. In addition, guidance relating to multi-drug resistant organisms (MDROs) was absent, which meant that it was unclear as to the appropriate precautions and actions to take in the event of a respite user with a healthcare-acquired infection. Due to the support needs of some residents, single-use equipment, including syringes and feeding tubes, were in use in the centre. The inspector reviewed the storage of these items in the utility room and found some out-of-date sterile items. Stock checks were not occurring to ensure these were disposed of correctly.

As highlighted before, the centre did not have sufficient storage space, and therefore the outdoor garage was used as additional space for a range of household items. The inspector identified that the design, layout, and structure of this building did not allow for appropriate infection prevention and control measures to be carried out. For example, the concrete floor could not be cleaned effectively and was exposed to outdoor elements. Storage of rubber mattresses were kept on the ground and carried into the centre when needed. The garage was cluttered with old broken furniture and was not subject to any cleaning schedule resulting in a buildup of cobwebs and dust. The storage of cleaning products, personal protective equipment, mops, and toilet rolls all required review to prevent cross-contamination.

## Regulation 27: Protection against infection

The inspector found that the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services

(2018). The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection.

For example:

- There were areas of the centre that were not clean and were not being routinely detected by management in the centre and corrected. These included the outdoor garage, play shed, shared bedroom and utility room
- Current monitoring systems did not include an effective review of infection prevention and control practices, specific to this centre
- Cleaning checklists required review for effectiveness
- It was not clear on the review of staffing arrangements that sufficient staffing resources had been allocated to the centre
- Some surfaces and flooring was worn and poorly maintained within a number of rooms and as such did not facilitate effective cleaning
- There was some ambiguity among staff and management regarding which residents were colonised with MDROs
- The laundry facility was inadequate and did not support the separation of clean and dirty activities. Clean and dirty workflow was not clearly defined in order to reduce the risk of cross contamination
- Equipment was not consistently decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection
- General waste bins in the bathrooms were not hands free. This increased the risk of cross infection
- There was an absence of stock control for single-use medical devices
- Sharps management required review for best practice and to reduce risk of needlestick injuries
- Risk assessments required review to ensure they adequately supported the specific risks relating to infection prevention and control that were currently being managed in this centre

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

# Compliance Plan for DC9 OSV-0003575

Inspection ID: MON-0037385

Date of inspection: 05/08/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Following the inspection a number of responses have been initiated identify the shortfalls outlined in the inspection report. A risk review has been carried out with the region Infection Control Committee Lead who is also the Director of Nursing. This review focused on addressing the Infection Prevention and Control issues of a general nature within the DC for example and updated IPC risk assessment, Sharps procedures and Legionella. Also reviewed were Local Operating Procedures with operating procedures now in place for Waste Management, Laundry, Food Preparation, Sharps Management, Personal Protective Equipment storage and management, Intimate Care, Daily Cleaning and Infection Control. A risk review was also conducted with the Clinical Nurse Manager 3, who is also a member of the region's Infection Prevention and Control Committee, which focused on the Infection Prevention and Control risks posed by respite users. Risk assessments have been introduced regarding Conjunctivitis, Bodily Fluid Spillage, MRSA, Personal Hygiene, Wound Care Management, PEG site maintenance and Oxygen Storage.</p> <p>A complete review of the Designated Centre's Infection Prevention and Control folder has been undertaken and a new folder that amalgamates IPC and Covid is now in place. The folder contains the Infection Prevention and Control Policy, HSE manual on Community Infection Prevention and Control, IPC Hazard Identification for the DC, Water Hygiene plans, Managing Covid-19, Local Operating Procedures to manage IPC, Log of equipment contained within the DC, Staff IPC training plan and record and IPC audits that have been completed. All staff have now completed the mandatory HSEland modules that are outlined in the Regional Covid Response Plan with all staff certificates now in place in the updated IPC/Covid folder.</p> <p>Cleaning checks are in place that are more specific to the location, these checks are now completed by day and night duty staff. Also there are Housekeeping checks that are completed by the Housekeeper and reviewed by the Person in Charge. Regarding the Person in Charge, they are in post as of 12th September 2022. The Person in Charge has</p>	

previously managed the Designated Centre in a Social Care Leader capacity and has a wealth of knowledge and experience relating the respite users and the effective management of the centre. A Respite Coordinator is also in place with this structure providing a more effective means of assuring all aspects of Infection Prevention and Control are managed.

With regard to the maintenance issues highlighted in the report, the local Maintenance Manager has been onsite along with the Operation Manager to plan for the upgrade of the DC. Works will commence to re-paint all areas of the DC, all flooring will be upgraded including the tiling in the kitchen/hallways, new furniture will be purchased in all areas of the DC, the garage will be reconfigured to allow for a space for laundry, create additional specific storage areas, and flooring will be installed in the garage. It is scheduled that the DC will close for a period of two weeks at the beginning of October to allow for the scheduled works to be completed as soon as possible with the minimum impact on the respite service being offered to families. Pedal bins rather than hand operated bins have been purchased, new crash mats have been purchased with the cleaning of the mats added to the daily cleaning checks and the shed which was designed as a sensory space will now be used to store Personal Protective Equipment.

New recording systems will be in place to carefully monitor the intake and usage of single use medical products for example syringes. All bathroom products such as shower gels, deodorants, shampoos and conditioners will revert to single use travel size options. Once used the products will be disposed of. We will always plan to have a stock of 10 in Alexandra Manor at all times and these will be replaced if needed in the weekly shopping. This will eliminate the need for larger bottles of the products outlined. All storage facilities in Alexandra Manor such as wardrobes and cupboards have been subject to a deep clean with a skip being hired to remove all clutter.

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Red	16/10/2022