



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

## Issued by the Chief Inspector

Name of designated centre:	Glasthule
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	20 January 2022
Centre ID:	OSV-0004136
Fieldwork ID:	MON-0035573

## About the designated centre

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

Glasthule designated centre is located in a suburban area of South County Dublin and is comprised of three individual units. It provides 24 hour residential care to persons with intellectual disabilities and has capacity for supporting 11 individuals. All three units are community based and provide supports through a social care approach. The centre is managed by a person in charge who is supported in their role by two social care leaders and a staff team which is made up of social care workers, staff nurses and carers.

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

Number of residents on the date of inspection:	11
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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
Thursday 20 January 2022	10:00hrs to 16:00hrs	Ann-Marie O'Neill	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. The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also observed residents in their homes as they went about their day, including care and support interactions between staff and residents.

Glasthule consists of three separate two storey residential homes, located in close proximity in South County Dublin. At the time of inspection 11 residents lived across the three residential homes.

The first residential house was home to two residents. The house consisted of two private bedrooms, one located upstairs, the other located downstairs. Residents had a living room space each upstairs and downstairs. The house provided a separate kitchen/dining area, a utility space, shower/bathing facilities and toilets on the ground floor and upstairs.

The second residential home, consisted of three storey residential house. Residents bedrooms were located on upstairs with an additional floor above that contained a storage space and a staff office space. The house consisted of a separate living room, kitchen/dining room space, a separate utility area and a choice of bathing/toilet facilities on the ground floor and upstairs section of the house.

The third residential home, consisted of a two storey residential house. Residents were provided with a separate kitchen/dining room area, a separate living room, toilet/shower facilities downstairs and upstairs and private bedrooms. Some aspects of this premises required upgrading and it was notable that the standard of premises in this home was not to the same standard as the other two houses visited during the course of the inspection.

On arrival, in each residential house, the inspector was met by a member of staff who took the inspector's temperature and completed a symptom check as part of the visitors procedure. Inspectors observed staff wearing personal protective equipment. However, the face coverings worn by staff in the first residential house visited were not in line with the latest National public health guidelines.

It was however, noted that there was a National supply issue for the provision of enhanced respirator masks. The inspector established that no resident in the centre was suspected or confirmed with COVID-19 and staff had a small provision of respirator masks they could use in the event of a resident becoming symptomatic as part of a COVID-19 response arrangement. Later the inspector was informed by the person in charge and services manager that the provider had sourced a good supply of respirator masks and these were being disseminated to all designated centres.

A number of residents had returned to their day services and so therefore, were not present in some of the houses at the time of inspection. The inspector did greet and interact with residents that received a day service provision from their home and were present during the time of the inspection. Residents were unable to provide feedback about the service or provide a demonstration of their knowledge and understanding of aspects related to infection prevention and control.

Therefore, the inspector carried out observations in each home to ascertain how staff supported residents to engage in good infection control practices.

In one residential home, there presented a non-Covid-19 related infection control personal risk. The inspector reviewed the standard precaution measures in place to manage this and the manner in which residents were supported.

The inspector observed handwashing signage in all bathroom/toilet facilities which provided not only staff, guidance on good handwashing practices, but also provided a hand washing skill teaching system for residents. In addition, the inspector observed a battery operated timer, located near the handwashing sink in one of the bathrooms. This device was a support aid for the resident to use so they could visually see how long they should spend washing their hands or brushing their teeth, for example.

In the third house visited, as discussed, some premises risks presented. The inspector observed the upstairs and downstairs bathroom/toilet areas required refurbishment and upgrading. There had been a number of leaks from the upstairs bathroom which had resulted in water damage staining on the ceilings downstairs. There was a presence of mould on the ceiling of the downstairs toilet/shower facility and the inspector also observed traces of mould around the window seal on all resident bedroom windows. There was a notable damp odour in the downstairs shower room which further demonstrated refurbishment and upgrades were required to this space.

Some staff were observed to incorrectly wear their respirator masks during the course of the inspection also. This demonstrated staff practical knowledge required improvements also.

Staff engaged in the cleaning tasks and duties in each house and described to the inspector the manner in which they carried out these tasks. Colour coded systems were in place to ensure mops, cloths and other items were segregated and used to only clean specific surface areas.

Residents' personal toiletries, toothbrushes, hair brushes and shaving equipment were kept separately for personal use only and the inspector observed storage facilities were made available for residents to store their personal products separately from their peers.

There was a sink present in each of the bathrooms, including the staff bathrooms, with hand soap and single use towels available. It was noted a cloth hand towel facility was available in the downstairs bathroom of the third house visited.

There were a number of hand-sanitiser points located throughout each house. All hand soap and hand sanitiser dispensers were found to be fully stocked with systems in place to ensure they were regularly replenished.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

## Capacity and capability

Overall, the inspector found that the provider had implemented strong systems and arrangements to ensure that procedures were consistent with the National standards. Some improvement was required in relation to the premises of the third house visited during the inspection. The provider had, however, identified that a suite of overall home upgrades were required with plans to carry out this work later in the year. Staff working in the centre had received training in the area of infection control, however, some further enhancement in the provision of practical assessment was required to develop staff skills and knowledge.

The governance arrangements supported the delivery of care and support in a manner that protected residents from the risk of acquiring a healthcare-associated infection.

There was a clear governance structure in place with defined roles and responsibilities. This was further supported by a comprehensive infection control policy that contained well-defined procedures and provided clear guidance. There were a number of associated standard operating procedures in place to supplement the overarching infection control policy.

The provider had also carried out an organisational audit of infection control procedures and practices and identified areas where governance and oversight arrangements could be improved. For example, the provider had identified the requirement for additional expertise in the area of infection control and had put arrangements in place to source key staff to address this need. A plan for upgrading of premises across the regional area had also been drafted with a focus on enhancing infection control standards for residents, through the provision of good quality environments that supported the implementation of infection control standards.

There were clear arrangements in place to access resources such as PPE and additional staff, where required. Six-monthly unannounced provider audits consistently incorporated Regulation 27: Protection against Infection, as part of the audit. Additional operational day-to-day infection control audits were carried out by the person in charge and team leaders as part ongoing monitoring of infection control standards and practices.

The inspector reviewed records of team meetings and staff supervision and found that infection prevention and control was a standing agenda item that was discussed to inform practices such as risk management and training.

There were effective systems in place for workforce planning that ensured there were suitable numbers of staff employed and available with the right skills and expertise to meet the centre's infection prevention and control needs.

Staff had access to a range of training and development opportunities. All staff had undertaken training in infection control, standard precautions, hand hygiene and wearing and removal of personal protective equipment (PPE).

Staff members spoken with demonstrated knowledge of standard and transmission precautions along with the the procedures outlined in local guidance documents. However, the inspector observed instances where staff were not wearing face coverings correctly. This demonstrated practical application of infection control standards required improvement and to form part of the ongoing knowledge checking initiatives and training the provider had put in place.

In addition, the requirement for a spills management kit was determined for one residential home that made up the centre. However, staff were not knowledgeable on when or how to use it and informed the inspector that they had not received training in how to use it.

## Quality and safety

The inspector found that the services provided in this centre were person-centred and that residents were supported in the prevention and control of healthcare-associated infections.

There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats including posters promoting hand washing. Additional, aids were implemented in some residential houses to support residents in the area of hand washing. The inspector noted that efforts were made to ensure residents enjoyed meaningful activities and had opportunities for leisure and recreation while national restrictions were in place with some residents returning to day services in some instances.

Residents had been supported to receive vaccinations and participate in the booster programme also. Consultation and informed decision making with regards to availing of National vaccination programmes had been implemented and residents had been supported by important people in their lives to make decisions and choices in this regard.

Throughout the inspection it was evident that the management of infection control risks was considered in the routine delivery of care. There were various systems in

place to identify and raise concerns where necessary.

A walkthrough of the premises in each resident was completed by the inspector in the company of a staff member, person in charge and house supervisor.

Overall, each house had a good standard of cleanliness throughout, although some aspects of the premises in the third house visited impacted on standard infection control precautions.

There was a comprehensive cleaning schedule in place for each house 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. This schedule included enhanced cleaning as outlined in the centre's risk assessment control measures for risks associated with infection prevention and control, such as increased cleaning of high-touch points.

The cleaning schedule included specific guidance as to the method, cleaning agents and frequency of cleaning necessary for various areas and items in the centre. Staff spoken with were able to describe what cleaning products were used for different areas and how colour coded disposable cloths and wipes were used. Staff were also able to describe the high-touch point cleaning regimen and its importance in reducing the risk of infection transmission.

While there were premises issues observed in one of the houses, the provider had plans in place to address these later in the year. The inspector noted cleaning regimes had not include cleaning of window seals to prevent the build up of mould in one house.

During the course of the inspection, the inspector observed small amounts of mould on a number of resident bedroom windows which was deemed attributable to the old windows in the location that caused a build up of condensation, for example. Further mold was observed on the ceiling of one downstairs shower room also.

There were arrangements in place for the laundering of residents' clothing and linen; these were found to be in line with the providers' linen management policy.

Overall, there were appropriate laundry management facilities provided in each house and it was also noted that residents had key laundry days which helped to ensure residents' personal linen and clothes were laundered and dried separately to their peers.

There was landfill, recycling and compostable waste collection arrangements in place in the centre and suitable arrangements for clinical waste.

There was a clear outbreak management plan in place that took into consideration the individual needs and abilities of residents.

The centre had adequate hand-wash facilities, although this could be improved by the addition of single use towels in one bathroom. 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. Each resident had an individual self-isolation plan in place which detailed very detailed and comprehensive arrangements for supporting and caring for residents, including designated toilet facilities for the resident to use, provision of activities and meal-times arrangements for residents should they be required to self-isolate.

Some improvement was required to ensure the person in charge maintained a colonisation status for residents which would inform their infection control personal planning arrangements and as part of admission, transfer and discharge planning arrangements.

## 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 improvements were required in the provision of training to ensure ongoing assessment of the practical application of infection control measures were included, for example, the inspector observed some staff wore face coverings in an incorrect manner during the course of the inspection.

The person in charge had implemented local operation procedures that ensured infection control risks were promptly identified and addressed. Staff ensured residents received person centred care and support that protected them from healthcare-associated infections.

There was a clear, practical, and comprehensive outbreak management plan in place.

Staffing contingency arrangements were clear and robust and had been reviewed on a regular basis by the provider.

The centre was found to be clean and hygienic throughout each house, while still

providing comfortable and homely accommodation to residents.

Some improvement was required to ensure removal of mould from window edges was incorporated as part of the cleaning regimen in one residential house, where the windows were old and had been deemed as ineffective and could accumulate condensation.

There was an odour of damp and presence of mould on the ceiling of the shower/toilet facility in one residential house.

While a spill kit was made available in one house, some improvement was required in this regard. While the provider had made arrangements for a spills kit to be available, in one residential house, it was not demonstrated these provisions were in all houses that made up the centre. The criteria for providing this infection control resource, had not been formally established within the provider's policies and procedures.

In addition, it was not demonstrated staff had suitable knowledge and training in how to use a spill kit and informed the inspector that they were not clear on how to use it and when.

The person in charge had not established a colonisation status for residents in the centre which would inform infection control care planning and admission, transfer and discharge information sharing for residents.

Some residents required hospital admissions and procedures as part of their urinary health care planning, however, it was not demonstrated that a colonisation status had been established for them.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Glasthule OSV-0004136

Inspection ID: MON-0035573

Date of inspection: 20/01/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"><li>1) Upgrades required in the third house; A planned suite of works will be undertaken in the third house, to include<ol style="list-style-type: none"><li>a) Window replacement; All windows in the house, with the exception of the kitchen and dining room windows will be replaced by 30-04-2022. The additional 2 windows will be replaced at the time of renovation works to the kitchen/diner rooms (by 30-07-2022). In the meantime cleaning of mould has already been added to the IPC cleaning checklists and appropriate cleaning products sourced and in place. Staff are currently implementing this on a weekly basis.</li><li>b) Upgrades to the upstairs bathroom and repair of the leak; booked to commence on 28-02-2022 with completion date of 07-03-2022</li><li>c) Ventilation upgrades in the downstairs bathroom; booked to commence 28-02-2022, with completion date of 07-03-2022</li><li>d) Walls and ceiling in the dining room will commence on 28-02-2022 with completion date of 07-03-2022</li><li>e) Painter has completed painting of the kitchen walls.</li><li>f) Household department have completed a full clean of mould on the windows.</li><li>g) Household department are scheduled to complete a clean and seal of mould in the downstairs shower room on 16-02-2022</li><li>h) Cloth hand towels will be replaced by paper hand towels: Hand towel Dispensers have been ordered and are expected to be delivered and installed by 15-03-2022</li></ol></li><li>2) All staff working in a location with a spills kit will watch a demonstration video on it's use at a minimum of yearly. First completion will take place by 28-02-2022</li><li>3) Staff will be expected to demonstrate how to wear a surgical mask and how to wear an FFP2 mask as part of their IPC knowledge assessment during supervisions. This assessment will include when and where to use the different type of masks</li><li>4) Sanitary wear/incontinence wear bins; will be replaced by sensor based or pedal based bins for disposing of sanitary and incontinence wear by 30-03-2022</li><li>5) Urinary Health Care planning: A resident is scheduled for an appointment with her</li></ol>	

urinary nurse 12-03-2022. Staff will discuss with the resident and the nurse a plan for potential investigation for colonization going forward. This plan, once agreed, will be added to her catheter care plan

6) Colonisation status of residents:

a) The 'All about me' comprehensive assessment will be amended to include information regarding transmissible diseases/antimicrobial resistance (AMR). The information captured will include 1. Known colonization status, 2. risk level to AMR, 3. diagnosis of a transmissible disease. 4. Direction to complete care plan where answer is yes. This will be completed by 28-02-2022

b) The 'what to bring to hospital' section of the 'emergency sheet' will be amended to include care plan relevant to transmissible diseases and/or antimicrobial resistance. This will be completed by 28-02-2022

## 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.	Substantially Compliant	Yellow	30/07/2022