



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

Issued by the Chief Inspector

Name of designated centre:	Ash House
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	18 November 2022
Centre ID:	OSV-0005306
Fieldwork ID:	MON-0037905

About the designated centre

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

This centre provides residential care and support for up to three adults. The centre comprises a single-storey detached house on a campus-based setting belonging to St John of God Services in County Louth. The premises comprises a kitchen/dining area, a sitting room that looks onto a conservatory, three bedrooms, a staff office, a large bathroom and another small communal room. Each of the residents have their own bedroom which are personalised to their own taste. Outside there is a small garden area that has privacy fences surrounding it. A table and chairs is provided so residents can sit and enjoy the good weather. A bus is also available for residents to visit the local community. The staff skill-mix includes healthcare assistants and one nurse. There are two staff on duty during the day and one waking night staff on duty. There is an on call arrangement in place 24/7 where staff can access advice/support and additional staff if required. The person in charge is responsible for two other designated centres under this provider and is supported in their role by a clinic nurse manager who is also responsible for the care being provided in this centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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 18 November 2022	09:40hrs to 13:15hrs	Anna Doyle	Lead
Friday 18 November 2022	09:40hrs to 13:15hrs	Sarah Barry	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had in place for the management of infection prevention and control (IPC) in the centre. The inspection was completed over one day and took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

On arrival to the centre, inspectors were met by two staff members who took the inspectors' temperatures. The staff members introduced residents to the inspectors and showed inspectors around the premises. It became evident early in the inspection that appropriate IPC measures were not in place in the centre as areas of the centre were observed to be unclean. In addition, there was a large number of issues with the premises which needed to be addressed. For example; in one of the bathrooms the handle was broken on the window, staff were observed finding it difficult to open and close the window correctly. One staff said they would have to go outside in order to close the window properly.

Inspectors observed that the premises was not clean. The floors were grubby and dusty. The laundry room, was untidy and the washing machine was visibly dirty. The mops were not stored appropriately and it appeared they had not been used over the last number of days despite a resident having just recently recovered from COVID-19. Two mop heads were hanging on a metal bar outside the centre. The records indicated that after mops heads were washed in the washing machine, that a 90 degree empty cycle should be done. The records indicated that this had only been done four times from 10th November 2022 to 16 November 2022. Even though floors were required to be washed daily.

Each resident had their own bedroom which were reasonably clean. However, in one bedroom the ceiling was dirty and in another bedroom there was a film covering the windows (used to protect the residents privacy) which could not be cleaned appropriately. In addition, staff informed inspectors that both residents were awaiting new beds as their current beds were not suitable, but staff were unclear whether this had been progressed at the time of the inspection.

One resident had just gotten up when the inspectors arrived in the centre and was relaxing in the sitting room after they had breakfast. This resident spoke to inspectors for a short time with the support of the staff members. It was evident from observations that the resident knew the staff very well and was comfortable in their company. The staff was observed to also know the resident very well and provided reassurance to the resident about certain events that were happening that day. The resident said they liked living there and informed inspectors that they had enjoyed their breakfast of porridge earlier in the day.

Residents food was delivered from a centralised kitchen and staff informed the inspectors that this practice had been due to stop recently, but had not. And while

staff said that they could prepare small meals in the centre, the cooker was broken and areas of the kitchen were not clean.

The provider had enhanced the cleaning schedules in the centre since the COVID-19 pandemic had begun. Records were maintained to verify this. However, while all of the cleaning tasks were recorded as being completed, it was evident that this was not correct on the day of the inspection.

There was numerous wall mounted hand sanitisation units throughout the building. However, one of the units was empty on the day of the inspection.

Overall while residents appeared content in the centre and there was evidence to support improvements in the quality of life of the residents, there was significant improvement improvements required to the arrangements in place for the management of IPC.

Capacity and capability

Overall, the governance and management arrangements in this service had failed to ensure the centre was meeting the legal requirements of regulation 27: protection against infection and, the National Standards for infection prevention and control in community services

There was poor oversight arrangements in place and communication between staff and senior personnel was conflicting. This did not assure inspectors that the oversight of IPC practices in the centre were appropriate. This was particularly concerning as there had been an outbreak of COVID-19 in the centre.

The inspectors were also not assured that the provider had effective systems in place to monitor and review IPC measures in the centre. For example; an IPC audit conducted in July 2022 had highlighted a large number of actions being required. The majority of these had not been addressed at the time of this inspection. The last unannounced quality and safety review could not be located on the day of the inspection and the actions from this had not been included in the providers quality enhancement plan. While, this document was subsequently submitted to inspectors after the inspection, the clinical nurse manager did not know where it was or was not sure if there had been any actions from this. This did not provide assurances about the management systems in place in the centre.

Such were the concerns in the centre, inspectors contacted the regional director to attend the centre on the morning of the inspection. The regional director was not assured either by the practices in the centre and immediately began addressing some of the concerns. For example; a household staff was immediately employed to clean the centre. The regional director also provided assurances to inspectors that a

complete IPC audit would be conducted, an audit of residents personal plans and refresher training would be provided to all staff. The registered provider also gave assurances that there would be a management presence in the centre to assure that all actions were completed, that a new cooker would be ordered and arrangements would be put in place for the management of cleaning equipment including mops and buckets. Immediate assurances were provided on the day of the inspection by the regional director who subsequently submitted written assurances on an urgent action plan issued to the provider after the inspection.

Over recent months there had been a number of changes in the management team, a new person in charge had been appointed along with a clinic nurse manager who supported the person in charge with the oversight of the centre. The person in charge reported to the director of care and support who was also a person participating in the management of the centre.

On the day of the inspection the person in charge was on planned leave. The clinic nurse manager facilitated the inspection and met inspectors to discuss the arrangements in place to manage IPC and while they knew some of the issues that needed to be addressed, they had limited protected time in the centre in order to oversee the practices. They also informed inspectors when asked that they were not aware of their roles and responsibilities as there had been no assigned time to date to meet with the person in charge and plan this.

The person participating in the management of the centre had not visited the centre in the last number of months and the person in charge was responsible for two other centres under this provider and also acted as an on call staff member some days they were rostered on duty. Given the findings of this inspection, inspectors were not satisfied that these arrangements were appropriate.

The staffing levels in the centre consisted of nurses and health care assistants. Two staff were on duty everyday and a waking night staff was on duty at night. There was one staff nurse vacancy at the time of the inspection. Staff spoken to said that staff nurses were responsible for the management of all health care records; however at the time of the inspection only one staff nurse worked on a part time basis. While inspectors acknowledge that this was due to be addressed next week as a new staff nurse was due to commence, they were not assured how health care records had been managed in the previous months as this responsibility had not been reassigned to other staff members in the absence of a full time staff nurse.

It was also not evident how staff were kept informed about practices in the centre as when inspectors were speaking to staff and managers there was conflicting information being provided. For example; staff were of the belief that residents were waiting on a new bed, yet when this was followed up, the inspectors were informed that the current bed the resident had was new. All staff said that the centre required a deep clean, however there was no plan of action in place to address this at the time of the inspection.

Staff had been provided with infection control training including hand hygiene, donning and doffing of personal protective equipment and standard infection control

precautions. Some refresher training was required which was planned for the coming weeks.

Quality and safety

Overall, inspectors observed that the centre was not clean and that considerable improvements were required to the quality and safety of care in this centre regarding IPC.

Residents had personal plans in place which included an assessment of need. Isolation plans were in place to support residents. However, one residents plan (who had recently just recovered from COVID -19) had not been reviewed. There was a system in place to monitor residents for any changes in their presentation.

There was adequate supplies of personal protective equipment stored in the centre for routine daily use. However, the storage of items in the centre needed to be reviewed.

The inspectors found the environment was not clean and there were a number of areas that required attention. For example, inspectors observed a build-up of debris in extractor fans, broken equipment, a build up of dust in some areas, poor and unclean practices in relation to the storage and management of mops, an unclean toilet in one bathroom, gaps in walls, and unclean floors.

The provider had systems in place for the management of waste. Pedal bins were provided in all rooms. There was a system to manage general waste and clinical waste when it accumulated in the centre. However, on the day of the inspection some of the pedal bins were visibly dirty.

There was a separate utility room and residents laundered their clothes separately. However, as discussed earlier the washing machine was visibly dirty and the procedures in place for cleaning the washing machine were not being followed. The cleaning records indicated that a sink in the utility room was cleaned daily, however there was no sink located in the utility room.

The inspectors reviewed a number of IPC related checklists and audits which informed that cleaning activities were being undertaken on a regular basis by staff working in the centre. However, as stated while these were recorded as being completed it was evident from observations that all cleaning tasks were not being carried out.

Regulation 27: Protection against infection

The overall governance and management arrangements in this service had failed to ensure that infection prevention and control standards were being adhered to in the service and the provider was meeting the legal requirements of regulation 27: protection against infection and, the National Standards for infection prevention and control in community services.

Immediate assurances were provided on the day of the inspection by the regional director who subsequently submitted written assurances on an urgent action plan issued to the provider after the inspection.

The providers auditing and cleaning system was ineffective in maintaining the centre in a manner to ensure residents were protected against the risk of infection.

Parts of the premises were not clean.

One hand sanitizing dispenser was not replenished in a timely manner.

Items in the premises were broken or needed to be replaced.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Ash House OSV-0005306

Inspection ID: MON-0037905

Date of inspection: 18/11/2022

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>A new cooker was put in place within the DC. Completed 18/11/2022</p> <ul style="list-style-type: none"> • Deep clean contactors completed a full house clean on 22/11/2022 • New external mop storage purchased and in place. Completed 30/11/2022 • New roller blinds have been purchased and fitted. Completed 21/11/2022 • Tinted contact on resident's bedroom window has been removed. Completed 21/11/2022 • A contract with a ceiling cleaning company has been agreed and they are calling on a two-week basis. Completed 21/11/2022 and on-going • The two residents IPPs have been audited by our Practice Development Facilitator. The findings have been fed back to the PIC; all associated actions are being addressed. Completed 21/11/2022 • Full staff meeting with PPIM took place on November 21st to review and discuss Hygiene, cleaning protocols, overstocking of items & IPC and the importance of accurate record keeping. PIC & CNM are conducting weekly spot checks of the DC against Hygiene records. Completed 23/11/2022 and on-going • The CNS in Health Promotion & Intervention carried out a re-education programme with all staff on Infection Prevention & Control and our Decontamination Policy Completed 21/11/2022 • The PPIM visits the DC on a weekly basis to ensure hygiene standards are being 	

maintained. Completed 23/11/2022 and on-going

- The PPIM is meeting with the PIC/CNM weekly to verify progress on actions on the QEP. Completed 23/11/2022 and on-going
- A replacement washing powder drawer for the washing machine cannot be sourced so a new washing machine has been ordered 21/12/2022. Expected delivery by 16/01/2023
- Exterior of conservatory will be power washed by 31/01/2023
- Over stocked items in the DC storage areas have been returned to stores. Completed 23/11/2022
- Sink and vanity unit in bathroom has been replaced. Completed 25/11/2022
- An extra power socket has been added in the main living area. Completed 23/11/2022
- Grab rails around the toilet have been replaced. Completed 23/11/2022
- Floor covering in the main living area will be replaced in the first quarter of 2023. For completion by 31/03/2023
- Handle on bathroom window has been repaired. Completed 23/11/2022
- Interior walls around the DC have had the paint work touched-up where required. Completed 25/11/2022
- New couches and dining room furniture have been purchased and are in place. Completed 20/12/2022
- A Community based Enhanced Nurse Practitioner has been transferred into the Designated Centre. This nurse will have 6 hrs Supernumerary weekly, to facilitate meeting with the PIC or PPIM, to measure progress through the QEP & escalate barriers. Supernumerary hours will commence week beginning 26/12/22

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Red	22/11/2022