



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

Issued by the Chief Inspector

Name of designated centre:	The Willows
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	04 May 2022
Centre ID:	OSV-0008041
Fieldwork ID:	MON-0035823

About the designated centre

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

The Willows is a large two storey house located near a large town in Co. Louth. Four male residents are supported to live here who are over the age of 18 years.

Downstairs the accommodation consists of four single bedrooms, two of which have en-suite bathrooms. There is also a large bathroom which has been modified to accommodate people who may have mobility issues. There are two sitting rooms, along with a fully equipped kitchen and dining area. A utility room is also available where residents can chose to launder their own clothes should they wish. Upstairs there is a large office, two storage rooms and a shower room. The house sits on a large site and is surrounded by gardens to the front and back of the property.

Transport is also provided so as residents can be supported to access community services.

The staff team consists of nurses and health care assistants. Three staff are duty during the day and two staff are on duty at night. The shifts are nursing led meaning that a nurse is on duty 24/7. The person in charge is supported in their role by a house manager in order to ensure effective oversight of the centre. Residents do not attend a formal day service, rather they are supported by staff in the centre to have meaningful days in line with their wishes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 4 May 2022	10:30hrs to 18:00hrs	Anna Doyle	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.

The inspector met and spoke with staff who were on duty throughout the course of the inspection, and met all of the residents who lived there.

The centre was a large two storey house and all residents' accommodation was on the ground floor. The upstairs of the centre comprised of an office, storage rooms and a shower room. The residents in the centre do not access the upstairs part of this centre due to their mobility needs. However, this arrangement was not impacting on the residents at the time of the inspection. The downstairs living area was spacious and provided two sitting rooms, a utility room, a spare room (where the provider was planning to create a sensory room), a large bathroom and a kitchen/dining area. Each resident had their own bedroom (two of which were en suite) which were very clean and had been decorated in line with residents' individual preferences. Equipment such as shower chairs, hoists and wheelchairs were visibly clean and the regular cleaning of this equipment was provided for in the centre.

All rooms were well ventilated and windows were observed to be open in each room to ensure this on the morning of the inspection.

Overall, the centre was clean throughout and maintained to a high standard. There were a number of issues with the storage of certain items in the centre observed by the inspector. Most of these issues had been highlighted through the providers own monitoring and auditing practices in the centre. This included providing storage for mops and buckets and purchasing storage cabinets for some of the storage rooms upstairs. However, the inspector also observed that the storage of face masks on the vehicle needed to be reviewed as they were not covered and were stored underneath the front seats of the bus. This could pose a possible infection control risk.

A shower in the bathroom upstairs was not used and while the staff were knowledgeable about the risks associated with this and ran the taps on a weekly basis to eliminate the risk of Legionella bacteria, this was not included in the cleaning schedule for the centre.

There was numerous hand sanitisation points throughout the building and all sinks had a supply of soap and disposable towels. Staff were observed using these as they moved from room to room. They also spoke about the importance of washing

their hands when they moved from one task to another.

On arrival to the centre, the inspector was met by a member of staff who took the inspectors temperature. This staff member was the appointed 'COVID lead' for the day and monitored the management of COVID-19 infection control practices. This staff member was also observed checking the temperature of maintenance men in the centre on the day of the inspection and directing them towards the hand sanitizers on arrival to the centre. This was part of the COVID-19 measures outlined in the providers records. The inspector observed however, that the staff were not wearing FFP2 masks in line with national guidance on the wearing of personal protective equipment (PPE) at the time of inspection.

The staff were observed to be wearing short sleeves, no jewellery, and no nail varnish and/or false nails. This was a requirement under the providers policy and was something that was checked daily before staff started their shift during the ' safety pause'. This safety pause went through a number of questions with staff to ensure they were complying with current IPC measures.

All of the residents living in this centre required some support to communicate their views and choices. Communication passports were in place to guide staff practice. One resident was supported by staff to show the inspector a recent picture book they had developed following their attendance of a St Patrick's Day Parade. The resident looked to be really enjoying this parade and was laughing with the inspector when looking through the book and talking about the pictures.

The residents required support to make choices about their care and support needs and, communicated through gestures and non verbal cues. They appeared content and happy when the inspector met with them. They had received vaccinations based on consultation with their family representatives to establish if this was based in the residents best interests. Residents were also informed regarding COVID-19 via to easy read information which was discussed at residents meetings. The residents

There were measures in place regarding food safety. Chopping boards were colour coded and, food was stored appropriately in the fridge. Any food that had been opened was labelled and dated with the day the food was opened. Staff checked the temperature of the fridge, medication fridge and the freezer daily and were aware of the correct temperatures to be maintained. Food prepared was also probed to ensure that it had reached the correct temperature before serving it to the residents. The kitchen was observe to be clean, as was the fridge, storage presses and kitchen utensils.

The staff team were responsible for cleaning and upkeep of the premises. The inspectors found that, there were some examples of good practice in environmental hygiene such as colour coded mops and buckets.

Overall, the inspector observed that the staff team for the most part maintained good standards of infection prevention and control measures. However, some improvements were required. 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 provider had good oversight arrangements in place to manage infection prevention and control in the centre. Some improvements were required in updates being provided to staff and some training.

The provider had a policy in place to guide practice on infection prevention control. There were also a comprehensive list of standard operating procedures in specific areas relating to IPC to guide staff practice. These included documents outlining procedures to manage Percutaneous Endoscopic Gastrostomy (PEG) feeds, needle stick injuries, hepatitis B and the decontamination of the environment and medical devices. These documents also provided additional information (in appendices) so as to provide further guidance and support to staff. For example, information and quick reference guides were available to staff, informing them of what infections needed to be reported and the IPC measures to be followed in the event of an outbreak of a range of common healthcare-related infections. Additionally, information was also available on how such healthcare-related infections were transmitted and, the precautions to be taken.

The overall IPC policy had been updated to include guidance for the management of COVID-19. The policy outlined the roles and responsibilities for the management of IPC starting with the regional director and senior management team who had overall responsibility down to front line staff. For example and as already stated; there was an assigned staff member each day in the centre to manage COVID-19 precautions.

The provider had a senior management committee to oversee IPC arrangements. This committee included a clinic nurse specialist in health promotion who delivered some training and support to staff. For example; in January 2022 there had been an outbreak of COVID-19 in the centre and the clinical nurse specialist had a meeting with the staff to ensure that contingency plans in place were being adhered to. The person in charge had also conducted a review following this outbreak to assess whether any further learning could be gleaned from this event which could be shared with the staff team and the wider organisation.

The staff met with, reported that they had felt supported during the outbreak of COVID-19 by the CNM1, person in charge and senior management team. They also spoke about having access to occupational health supports provided in the organisation should they need it.

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. However, some improvements were required to this arrangement as the requirement to wear FFP2 masks at all times in the centre (and not just when staff were delivering personal care to residents) were

not in line with the current national guidelines and had not filtered down to the staff team.

The provider had systems in place to monitor and review IPC measures in the centre. Audits were conducted to ensure good practices were maintained. The staff were aware of these audits and the improvements identified from them. For example; an audit conducted recently had highlighted that some skirting boards were dusty. Staff were aware of this and as already stated, all parts of the centre were visibly clean on the day of the inspection. Weekly audits were also conducted by the staff team to ensure ongoing compliance with the arrangements in place to manage COVID 19.

There was sufficient staff on duty to support the resident's needs in the centre. This included contingencies for the management of staff absences during and outbreak of COVID 19. The actual staff rota during the outbreak was reviewed and from the sample of rosters viewed, staffing levels had been maintained during this time. On the day of the inspection there was only two staff on duty due to unplanned leave. As a contingency measure, the CNM1 was able to cover the shift in the centre.

Staff had been provided with training in a suite of infection control training including hand hygiene, donning and doffing of personal protective equipment, food safety and infection control measures. However, at the time of this inspection, one staff had not got all this training this completed.

Quality and safety

Overall, the inspector observed that the staff team for the most part, maintained good standards regarding infection prevention and control. However, some improvements were required to the storage of some items, records maintained and risk management.

Individual COVID-19 personal plans were in place for each resident and, as residents had their own bedrooms they were able to isolate in them during the outbreak. One resident who found staying in their room difficult had been supported by one staff to access some areas of their home, which were then cleaned afterwards. As there were two sitting rooms in the centre, this resident was also able to spend time there which did not impact on other residents in the centre.

Residents personal plans also included their vaccination status for other health care associated infections. For example; whether the resident had received an annual influenza vaccination or tetanus. However, some of these records needed to be updated to include the most recent COVID-19 vaccinations and influenza vaccinations that the residents had received.

Residents had hospital passports in place which outlined the supports they would require should they have to move to another health care facility. These passports

outlined the how the residents liked to communicate. However, they did not outline the level of understanding that the resident may have when people who did not know them were engaging with them. This required review.

There was adequate supplies of personal protective equipment stored in the centre and medical devices such as oxygen masks were single use only. This reduced the risk of cross contamination. The provider had systems in place for the management of clinical waste. A sharps box was available in the centre for the disposal of needles and relevant procedures were in place to guide staff practice.

There was a separate utility room away from the kitchen where clothes were laundered. Staff went through the procedures for laundering residents clothes. All residents clothes were laundered separately, soiled linen was not stored in the utility room to avoid cross contamination. Staff were aware of the correct temperature of the wash cycle. However, the utility room was also used to prepare residents medicines. While staff were able to talk the inspector through how they managed this, it had not been risk assessed to ensure that there was no risk in relation to cross contamination.

The inspector 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. These covered routine cleaning tasks such as regular cleaning of the floors and resident's bedrooms, but also included schedules for weekly deep cleaning tasks and daily touch point cleaning and disinfection, in order to support the prevention of infection transmission.

However, some improvements were required which included the following: Staff were not observed to be wearing FFP2 masks in line with current public health guidelines. The systems in place to ensure that staff were kept up to date fully with changes to public health advice needed to be reviewed as staff were not wearing the FFP2 masks in the centre. The storage of mops/buckets and face masks stored in the vehicle needed to be addressed. The use of the utility room as an area to prepare medicines and do laundry had not been risk assessed to ensure that the risk of cross contamination had been mitigated and one staff had yet to complete training in infection prevention control.

Additionally, some hospital passport for residents needed to be updated to include the residents level of understanding with words spoke to them. The assessment of need did not include the most up to date information regarding the vaccination history of the residents and the cleaning schedule for the week did not include flushing the unused shower upstairs.

Regulation 27: Protection against infection

Some improvements were required to the IPC measures which included the following:

Staff were observed to not to be wearing FFP2 masks in line with current public health guidelines.

The systems in place to ensure that staff were kept up to date fully with changes to public health guidelines needed to be reviewed as staff were not wearing the FFP2 masks in the centre.

The storage of mops/buckets in the centre and face masks stored in the vehicle needed to be addressed.

The use of the utility room as an area to prepare medicines and do laundry had not been risk assessed to ensure that the risk of cross contamination had been mitigated.

One staff had yet to complete training in infection prevention control.

The hospital passport for residents needed to be updated to include the residents level of understanding with words spoke to them.

Some records needed to be reviewed. The assessment of need did not include the most up to date information regarding the vaccination history of the residents. The cleaning schedule for the week did no include flushing the unused shower upstairs

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 The Willows OSV-0008041

Inspection ID: MON-0035823

Date of inspection: 04/05/2022

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> <ol style="list-style-type: none"> 1. Staff have been reminded to wear PPE in line with the most up to date Public health Guidelines 2. Storage of masks in the vehicle is now in a storage box with a lid 3. Storage of mops, shed ordered for delivery July 2022 4. Risk assessment completed for activities in the utility room 5. The staff member with outstanding training in infection control returns from extended leave wc 06/06/2022 and the Person In Charge shall ensure that the training is completed 6. The residents hospital passports have all been updated to include the residents understanding of words spoken to them 7. The residents Health assessments have been updated to include vaccination history 8. A checklist for running the shower weekly has been added to the cleaning schedule 	

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	31/07/2022