



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

## Issued by the Chief Inspector

Name of designated centre:	Meadow View
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	07 October 2022
Centre ID:	OSV-0008057
Fieldwork ID:	MON-0037749

## About the designated centre

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

This is a service providing care and support to four individual with disabilities. It comprises of a large detached two-storey house with each resident has their own bedroom (two being en-suite). Communal facilities include a large kitchen cum dining room a sitting/sun room, a second sitting room, a utility facility and a large of communal bathroom facility. The house is located in a rural setting but within driving distance to a nearby large town and a number of smaller villages. Private and public transport is also available the residents as required.

The house is staffed on a 24/7 basis by a person in charge, a house manager, a team of staff nurses and a team of healthcare assistants.

**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
Friday 7 October 2022	10:20hrs to 14:10hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out 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, the inspector was met by a member of staff who took the inspectors temperature and directed them to the hand sanitisers in the centre.

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. One the day of the inspection, the bus had been taken in for maintenance work and so a number of the residents went out for a walk instead. Alternative transport was available in the afternoon and some of the residents were going out for a drive and coffee later in the day.

One of the residents was anxious as there was no bus available on the morning of the inspection and the staff were observed to support the resident very well to manage their anxiety.

The inspector observed that residents were treated with dignity and respect at all times. Residents bedrooms were well maintained and decorated in line with their individual preferences. One resident showed the inspector their bedroom along with some of their possessions such as family photographs. This resident said they liked living here and they appeared very comfortable and at ease in the company of staff members.

The centre was homely and welcoming and overall very clean. The inspector observed that some areas required minor improvements such as, one residents bathroom locker was broken and needed to be replaced. This had been highlighted through the providers own audits, but it had not been addressed in a timely manner.

Residents were observed to be supported in line with some of their expressed preferences. For example; one resident sometimes liked to have their meals in their bedroom, listening to their favourite music. The resident told the inspector that they liked this and also liked living in the centre. The resident also liked art and had some of their art work in their bedroom.

The premises comprised of a sitting room where one resident in particular liked to watch their favourite movies. There was a large kitchen/dining area, a separate utility room and a large conservatory. The fridge/cooking equipment was clean and procedures were in place to mitigate the risk of infection. For example; chopping boards were colour coded, food opened in the fridge was labelled with the date it was opened. The temperature of the fridge and freezer were recorded daily and any

food cooked in the centre was probed to ensure that it was at the correct temperature before serving it to the residents.

Colour coded mops were used in the centre to clean specific areas and the provider had procedures outlining which colour mop should be used to clean specific rooms. Staff spoken with were aware of this system also.

There was numerous hand sanitisation points throughout the centre and staff were observed wearing masks and appropriate personal protective equipment (PPE) when washing floors or attending to laundry. Storage was available in the centre to store PPE, however, this needed to be reviewed as it was observed that stock was stored in an area where there may be a risk of cross contamination.

Some of the residents required support to make choices about their care and support needs and some communicated through gestures and non verbal cues. They had received vaccinations based on consultation with their family representatives to establish if this was based on the residents best interests. Residents were also informed regarding COVID-19 via easy to read information which was discussed at residents' meetings. Some of the easy to read information included hand hygiene and the use of face masks.

The next two 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 observed that the staff team (for the most part) maintained good standards of IPC. However, some improvements were required to some storage facilities, minor upkeep issues with the premises, and residents communication passports.

The provider had policies and procedures in place to guide practice on IPC. Staff also had access to a range of standard operating procedures specific to IPC. Some of the standard operating procedures included, procedures for the management of waste and the management of spills. Staff were knowledgeable around the control measures in place.

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; there was an assigned staff member each day in the centre to manage COVID-19 precautions.

This assigned staff member was responsible for ensuring that a 'safety pause' was conducted and recorded at the start of each shift. This safety pause went through a

number of questions with staff to ensure they were complying with current IPC measures.

The provider also had a risk management plan in the centre which included the controls in place for some health care associated infections. For example, all staff and residents were offered vaccinations for Hepatitis B in the centre and residents were offered the annual influenza vaccination.

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 staff meetings which occurred every month in the centre. Staff who spoke to the inspector demonstrated a good understanding of standard precautions required when attending to residents' needs such as, the appropriate use of PPE should an outbreak of vomiting occur in the centre.

The provider had systems in place to monitor and review IPC measures. A recent audit had highlighted some issues with the premises that needed to be addressed. These had been reported to senior managers, however, some of them had not been completed at the time 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. The staff spoken with were knowledgeable around residents needs including, the arrangements in place to manage health care associated infections.

Staff had been provided with training in a suite of infection control training including hand hygiene, donning and doffing of PPE and standard infection control precautions.

## Quality and safety

Overall, the inspector observed that the residents appeared to have a good quality of life in the centre. The staff team for the most part, maintained good standards regarding IPC. However, some improvements were required to the storage of PPE, the premises and hospital passports.

Residents had personal plans in place which included a comprehensive assessment of need and written support plans to guide practice. Residents were regularly monitored for changes in their presentation and had timely access to allied health professionals. Isolation plans were in place for residents in the event of an outbreak of infection in the centre and staff were aware of how they would support residents should they find isolating difficult. However, hospital communication passports for residents were not fully complete. For example; the contact details were not completed for the assigned person who needed to be contacted in the event of a

resident requiring treatment in an acute setting.

As stated earlier, the premises were clean and the provider had enhanced the cleaning schedules in place in the centre since the COVID-19 pandemic had begun. Records were maintained to verify this and staff were also clear about what cleaning was required to reduce the risk of cross contamination in the centre. There was also cleaning schedules in place for equipment stored; such as wheelchairs. However, some of the actions from audits conducted in the centre in relation to IPC and the premises had not been completed and while the inspector was satisfied that they were in the process of being completed, a bathroom cabinet for one resident had not been replaced in a timely manner.

In addition, there was no guidance or records in place for the maintenance or decontamination of two pieces of equipment that were used (infrequently) in the centre. This required review.

There was adequate supplies of PPE stored in the centre for routine daily use. In the event of an outbreak, additional PPE was available from the providers central stores. However, the storage of some PPE needed to be reviewed as they were stored in an area they may be at risk of cross contamination.

Staff were aware of the policies and procedures to be followed in the event of an outbreak of COVID-19 in the centre and of other health care associated infections which could pose a risk to staff and residents. The provider had systems in place for the management of waste and staff were aware of the procedures to follow regarding this.

There was a separate laundry room and residents laundered their clothes separately. Staff went through the procedures for managing/separating residents clothes and were aware of the correct temperature of the wash cycle. Staff wore gloves and aprons when handling laundry and were aware of the procedure to follow to manage soiled/contaminated linen in the centre.

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.

## Regulation 27: Protection against infection

Overall, the inspector observed that the staff team (for the most part) maintained good standards of IPC. However, some improvements were required as follows:

- there was no guide or records in place for the maintenance or decontamination of two pieces of equipment that were used (infrequently) in

the centre

- one residents bathroom cabinet needed to be replaced
- hospital passports for residents were not fully complete, for example the contact details were not completed for the assigned person who needed to be contacted in the event of a resident requiring treatment in an acute setting
- storage of PPE required review as it may pose an infection control risk.

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 Meadow View OSV-0008057

Inspection ID: MON-0037749

Date of inspection: 07/10/2022

## 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. Checklist has been implemented for the decontamination of 2 pieces of medical equipment</li> <li>2. One residents bathroom cabinet has been replaced</li> <li>3. Hospital Passports have been updated to include additional contact details</li> <li>4. Storage of PPE has been rearranged in an appropriate cabinet</li> </ol>	

**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.	Substantially Compliant	Yellow	10/11/2022