



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

Issued by the Chief Inspector

Name of designated centre:	Kilpedder D.C
Name of provider:	St John of God Community Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	03 November 2022
Centre ID:	OSV-0002883
Fieldwork ID:	MON-0035581

About the designated centre

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

This is a centre providing residential care and support to six adults with disabilities. It is based in a rural setting in Co. Wicklow with transport provided so residents can access local nearby towns/villages and frequent amenities such as parks, shops, restaurants, cafes and beaches. The centre comprises of a large detached two storey house. Each resident has their own private bedroom decorated to their individual style and choice. Communal facilities include a large kitchen/dining room, a large sitting room, a small activities/relaxation area and there are a number of spacious well-equipped bathrooms on each floor. The centre also provides a utility room and large private garden area for residents to avail of when they so wish. The staff team consists of a person in charge, supervisors and a team of social care workers and staff nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 3 November 2022	09:45hrs to 18:00hrs	Jacqueline Joynt	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 had the opportunity to meet with many of the residents who lived in the centre. The inspector also observed residents in their homes as they went about their day, including care and support interactions between staff and residents.

For the most part, residents who the inspector met with, were unable to verbally communicate their feedback about infection prevention and control measures in the centre. The inspector used conversations with staff, observations and a review of the documentation to form a judgment on the overall levels of compliance in relation to infection prevention and control. Overall, the inspector found that the provider had generally met the requirements of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, however, some actions were required to bring the centre in to full compliance.

The centre comprises of a large detached two storey house. Each resident has their own private bedroom decorated to their individual style and choice. Communal facilities included a large kitchen/dining room, a large sitting room, a small activities/relaxation area and there were a number of spacious well-equipped bathrooms in the house. The centre also provided a utility room and large private garden area.

On arrival to the centre, the inspector was met by a member of staff who completed a symptom check as part of the visitor's procedure. The inspector observed that the centre was generally clean and tidy however, there was upkeep and repair needed to areas of the premises which, overall, impacted on the effectiveness of the infection prevention and control arrangements in place. For example, there was a number of doors, door frames and fixtures and fittings that had chipped or peeling paint and could not be effectively cleaned. This will be discussed further in the quality and safety section of the report.

Staff engaged in cleaning tasks and duties in the centre 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. Staff who spoke with the inspector were knowledgeable of the cleaning systems in place.

Staff were observed to be wearing appropriate personal protective equipment and there was ample stock of PPE within the centre including gloves, masks and aprons. Staff informed the inspector that they had completed training related to COVID-19 and were aware of what to do should there be an infectious outbreak in the centre. Staff were aware of where to access policies, procedures and guidance relating to

COVID-19. Overall, staff were knowledgeable on practices and procedures to keep residents safe and in particular, in relation to standard and transmission based precautions.

The inspector observed hand-washing signage in bathroom/toilet facilities which provided staff and visitors, guidance on good hand washing practices. Residents' personal toiletries such as shampoo, shower gel, toothbrushes and hair brushes were kept separately for personal use in residents' bedrooms. There was a sink present in each of the bathrooms, including the staff bathrooms, with hand soap, hand gel and single use towels available.

There were a number of hand-sanitiser points located throughout the 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 inspector observed that residents appeared relaxed and content in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff could interpret what was being communicated by the resident.

In summary, the inspector found that while the provider had enacted policies and procedures to support effective infection prevention and control practices, enhancements were required to the systems for oversight of these practices in the centre. Enhanced oversight was required to ensure that care was delivered in a safe manner which reduced the potential for residents to contract a health care associated infection. There was also some upkeep and repair work required to the premises, some of which the provider had self-identified.

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 while the governance arrangements in place in the designated centre supported the delivery of care and support in a manner that endeavoured to protect the resident from the risk of acquiring a healthcare-associated infection. However, enhancements to the oversight systems in place were needed to ensure infection prevention and control measures were being effectively implemented at all times.

For the most part, there were clear lines of authority and accountability in the service. The centre was run by a person in charge who was supported by two supervisors. The person in charge was responsible for four other centres. On the day of the inspection, the person in charge was not available to meet with the

inspector in the centre however, one of the centre's supervisors supported the inspection.

There was an 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 policy also referred to an outbreak control team, outbreak control members and chairperson. However, as of the day of the inspection, it was not evident that this structure had been put in place.

Staff spoken with were aware of the reporting structure within the centre and who to contact should there be a suspected or confirmed case of infectious disease. However, the inspector was advised that there was no senior identified individual at the highest level for the service with overall accountability, responsibility and authority for infection prevention and control within the organisation. In addition, the provider had not nominated a designated person, with appropriate knowledge and skills, to manage key areas of infection prevention and control within the designated centre. As a result, audits of the infection prevention control measures in place in the centre were not always effective.

The provider had completed an annual report of the quality and safety of care and support in the designated centre and this was made available to residents and their families who had been consulted in the process. In addition, six monthly unannounced reviews of the quality and safety of care and support in the centre were carried out in line with the regulatory requirement.

On review of the most recent six monthly audit of the centre, which incorporated matters relating to infection prevention and control, the inspector found that a review of the audit was needed to ensure its effectiveness. In particular, in relation to the findings on the day of inspection regarding the centre's outbreak management plan, residents' self-isolation plans and cleaning systems in place for equipment, including, guidance on their use.

There were a series of local audits completed in the centre which considered infection prevention and control and monitored the quality of care and support provided to residents. These included a quarterly infection prevention and control audit of the designated centre. A weekly infection prevention and control check list which reviewed, the centre's PPE stock checks, visitor sign-in procedures, temperature checks, staff training, staff knowledge and the housekeeping folder, but to mention a few. These audits and checks were in addition to a daily duty checklist and a daily cleaning checklist and overall endeavoured to ensure health, safety and wellbeing of residents.

Overall, the audits were comprehensive in nature however, the inspector found that they were not always effective. A number of the infection prevention control issues that arose on the day of inspection, such as upkeep and repair of premises, observations of mould and grime, unclean extractor fans and maintenance of equipment, were not identified on the local audits or checklists. While staff had been provided with infection prevention and control training, staff who were carrying out

the local infection prevention and control audits and checks had not been provided with appropriate training that was specific to this role and responsibility.

The inspector met with members of the staff team during the course of the inspection. They informed the inspector that they felt supported and understood their roles in infection prevention and control and had been provided with appropriate training to support them to be knowledgeable of standard and transmission based precautions such as hand washing and sanitisation. Staff members were also aware and familiar with the cleaning arrangements in place and the relevant policies and procedures associated with these.

For the most part, the staffing levels and mix met the centre's infection prevention and control needs. However, overall, the staff levels were not in line with the centre's statement of purpose and were not ensuring that residents were provided with meaningful opportunities and activities in their community.

The inspector reviewed records of team meetings and found that infection prevention and control was a standing agenda item that was regularly discussed. In addition, videos, relating to infection prevention and control, were shown at every meeting.

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 were also provided with regular supervision meetings where infection prevention and control matters, including training and knowledge, was reviewed and discussed. Staff who spoke with the inspector, demonstrated knowledge of standard and transmission based precautions alongside the procedures outlined in local guidance documents.

The registered provider had a COVID-19 contingency plan, which included guidance on infection prevention and control measures, the management of suspected or confirmed cases of COVID-19 for residents and staff, and contingency plans in relation to staffing and other essential services. However, improvements were needed to ensure that the plan was effective at all times. In particular, in relation to timely reviews of the plan and that it was centre and resident specific.

Quality and safety

The inspector found that overall, the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. There were some areas of good practice noted in the organisation's implementation of infection prevention and control procedures, however, improvements were needed to ensure the appropriate implementation of standard infection control precautions and procedures, at all times.

Residents were informed about how to keep safe during the current health

pandemic in accordance with their level of understanding. Residents, and where appropriate, their family, were provided with information and were encouraged to be involved in decisions about their care in order to prevent, control and manage infection. The inspector found that residents were consulted with regarding the COVID-19 vaccination and booster programme and that discussions around consent had taken place in this regard. There was good communication with the resident's family to keep them informed of any changing guidance or controls in the centre in relation to infection prevention and control.

Through conversations with staff and through observations, the inspector found that residents' privacy and dignity was respected and promoted at all times. Where appropriate, and in line with residents' personal care assessed needs, PPE and appropriate health-related waste systems were easily accessible in residents' bedrooms.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, spacious, comfortable and homely environment. However, the inspector observed, that while the premises appeared clean and tidy, not all areas of the designated centre were conducive to a safe and hygienic environment. There were a number of areas of the house that required upkeep and repair so that they could be cleaned effectively and mitigated the risk of spread of healthcare-associated infection to residents. In addition, a deeper clean was required to some parts of the kitchen flooring, shower trays and outdoor furniture.

The majority of residents required supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with manual handling aids and devices to support residents' mobility and manual handling requirements. Bathrooms were supplied and fitted with assistive aids and overhead hoists. Residents were also provided with aids and appliances that supported their personal hygiene and intimate care needs. However, while the equipment appeared clean, improvements were needed to ensure that there were appropriate guidance and cleaning schedules in place for all equipment. This was to ensure that all residents' equipment was cleaned, decontaminated, stored and used in accordance with legislation, manufacturer's instructions and best practice guidance.

There was ample PPE available in house; there was a large stock of PPE stored in the designated centre. The centre had adequate hand-wash facilities in the house and there was a good supply of hand-sanitising gel located at entry points and through-out the house.

There were systems in place for the prevention and management of risks associated with COVID-19. On the day of the inspection, local management were in the process of reviewing the risks associated with COVID-19 and overall, infection prevention and control.

There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. On speaking with staff, the inspector was informed that the person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this

through emails or through the local communication and handover book. Staff were also supported to be aware and knowledgeable of infection prevention and control matters through information videos during team meeting and discussions at one to one supervision meetings.

There was a comprehensive cleaning schedule in place in the house and there was evidence that this had been completed as required in the centre. Staff spoken with were able to describe what cleaning products were used for different areas and how colour coded cleaning equipment were used.

There were adequate laundry facilities in the centre. The arrangements in place for laundering residents' clothing and linen were found to be in line with the providers' policy. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry and in particular, in the event of soiled laundry including in the event of an infectious disease outbreak.

There was an outbreak response plan in place for COVID-19 that included a contingency plan framework for service provision. Overall, the plan included contingency measures to follow if an outbreak occurred, and how to control an outbreak and limit the spread of infection.

The plan contained information about the escalation procedures and protocols to guide staff in the event of an outbreak in the centre. Guidance contained within these documents also included information on isolating procedures, enhanced environmental cleaning, laundry measures, transport, and waste management, but to mention a few. However, on review of the plan the inspector found it to be generic in nature and not specific to the designated centre or the residents living in the centre. In addition, the residents' self-isolation plans required review to ensure that they were specific to each resident, including the specific precautions required for each resident, and that all plans included a person-centred approach. Furthermore, reviews of contingency and self-isolation plans were not always timely which, overall, impacted on the effectiveness of the plan.

Regulation 27: Protection against infection

Overall, the provider and person in charge had generally met the requirement of Regulation 27 and the *National Standards for Infection Prevention and Control in community services (2018)*, however, some actions were required to be fully compliant.

The inspector found that a number of the practices in place within the organisation (and designated centre) would be better enhanced if there was senior identified individual at the highest level for the service with overall accountability, responsibility and authority for infection prevention and control. Similarly, for a designated person to be nominated, with appropriate knowledge and skills, to manage key areas of infection prevention and control, in the designated centre.

While there were a variety of reviews and audits of the infection prevention control measures in place in the centre, they were not always effective. For example, many of the findings on the day of inspection had not been identified; Not all of the upkeep and repair work required in the centre to mitigate the risk of infection had been addressed. In addition, audits had not identified that contingency and self-isolation plans were not being appropriately reviewed or that cleaning schedules and guidance were needed for some of the residents' equipment.

While some staff had been provided with training relating to COVID-19, adequate training, to support staff completing infection prevention and control audits and checks, had not been provided.

Contingency plans including residents' self-isolation plans were found to be generic in nature and lacking a person centred approach. For example, while the centre's contingency plan and residents' self-isolation plans considered precautions such as waste management, PPE, use of bathrooms and communication needs, they were not specific to the designated centre or to each resident and did not take into account their likes and preferences during times of self-isolation.

Residents' equipment was being appropriately serviced, and for the most part, observed as clean, however, improvements were needed to ensure that there was adequate guidance and cleaning schedules in place for staff to clean the equipment in accordance with legislation, manufacturer's instructions and best practice guidance. For example, local protocols for cleaning and decontaminating medicine cups, a shared shower chair and hoists.

Overall, the house was observed to be clean and tidy however, improvements were needed to the following areas;

There was chipped and peeling paint on the majority of doors, door frames and skirting in the downstairs area of the house.

Some bedrooms had marks on walls and needed cleaning and painting. The carpet in a residents bedroom was badly stained and marked.

A leather footstool was badly damaged with rips and holes on the top section of it.

There was in-grained dirt where the kitchen lino met the kitchen cupboards. The cupboard door where the kitchen bin was stored was broken and unable to close. There was stained and dirty sticky tape holding up a poster on a kitchen cupboard.

The kitchen table and some of the chairs required upkeep and repair; the table was badly scrapped and chipped and the leather seating on a chair was ripped in places.

There were a number of splashes and stains on the wall going up the stairs.

Not all bathrooms were provided with a pedal bin.

Some of the centres' fixtures and fittings required upkeep. For example, a cracked shower tray where grime was building up in the cracks. A fan in a bathroom with a

build-up of dust. Areas of a floor in a bathroom was in disrepair with missing tiles and stains on the raised floor section. There was rust observed on a handrail next to the toilet.

There were two wheelchairs stored outside in the centre's polly-tunnel which had resulted the chairs becoming tarnished with heavy dust and cobwebs.

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 Kilpedder D.C OSV-0002883

Inspection ID: MON-0035581

Date of inspection: 03/11/2022

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	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. Doors, door frames and fixtures and fittings will be repaired by 31/12/2022 2. The infection control policy is being reviewed regarding an outbreak control team, outbreak control members and chairperson by 31/3/2023 3. The outbreak management plan will be reviewed and made more person-centered by 31/12/2022. 4. Resident's self isolation plans will be reviewed and made more comprehensive by 31/12/2022 5. Guidance/manufactures's guidelines will be provided for equipment such as hoist by 13/12/2022 6. Audits will be amended to capture issues such as upkeep and reappear needed on premises by 31/12/2022 7. A local operational procedure will be developed for cleaning of shared items/equipment by 31/12/2022 8. A scheduled of Deep cleaning of all residential houses is being developed by 31/3/2023 9. Missing tiles in the bathroom have been order and will be replaced by 31/12/2022 10. Handrails in the bathroom with rust will be replaced by 31/12/2022 11. The house will be painted by 31/7/2023... A plan has to be developed for this as it is not possible to move the residents out of the house. 12. Carpet in one resident's bedrooms will be replaced by 31/12/2022 13. Footstool which was in disrepair has been removed from the house and a new one is being bought for the resident by 9/12/2022 14. Door on kitchen press will be replaced by 31/12/2022 15. Posters on kitchen cuboards will be replaced by new ones by 9/12/2022 16. Kitchen table and chairs will be replaced by 31/12/2022 17. All bins in the house will be replaced with non-touch bins by 31/12/2022 18. Alternative storage is being sought for wheelchairs which are currently stored in the Polytunnel by 31/1/2023 	

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	31/07/2023