



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

## Issued by the Chief Inspector

Name of designated centre:	St. John of God Kerry Services - South Kerry
Name of provider:	St John of God Community Services CLG
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	26 September 2022
Centre ID:	OSV-0003790
Fieldwork ID:	MON-0036052

## About the designated centre

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

St. John of God Kerry Services - South Kerry consists of a large detached bungalow in a small development of individual houses in a rural setting but within driving distance to some towns. This designated centre primarily provides a respite service for a maximum of 4 residents with intellectual disabilities, between the ages of 6 and 18 of both genders. The centre also can provide a respite services for two adults and can also serve as a COVID-19 isolation unit for adults if required. Children and adults do not use the centre at the same time. There are four bedrooms in the designated centre for residents' use and other rooms in the centre include a kitchen, a dining room, a sitting room, a sensory room, a utility room, a staff office/bedroom and bathrooms. Residents are supported by the person in charge, nurses, social care workers and a healthcare assistant.

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

Number of residents on the date of inspection:	3
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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
Monday 26 September 2022	10:00hrs to 16:00hrs	Deirdre Duggan	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection was carried out to assess if infection prevention and control (IPC) practices and procedures within the designated centre were consistent with relevant national standards. This inspection was completed during the COVID-19 pandemic, and the inspector adhered to infection control and prevention guidance, including the use of appropriate personal protective equipment (PPE).

The centre comprised of a detached bungalow located in a rural area. The house was laid out in a suitable manner to accommodate residents with specific mobility needs, if required, including accessible shower and bath facilities. This was a respite centre that catered for up to four residents at a time. Although, the provider had submitted an application to vary the purpose and function of the centre to include adult residents and its use as an isolation facility if required, this house generally accommodated children and had not been used for isolation purposes since the previous inspection.

On arrival to the centre, the person in charge was present attending to administration duties. She requested the inspector complete a temperature check and sign a visitor's log. Hand sanitiser was available on arrival to the centre also so that visitors, staff and residents could attend to hand hygiene on entering the centre. There were no active infections or IPC related concerns in this centre reported at the time of this inspection.

There were no residents present in this centre on the day of this inspection. Residents had departed this centre for school prior to the arrival of the inspector on the morning of the inspection. While three residents were due to stay in the centre that evening, these residents did not return to the centre in the afternoon as per the planned activities for that day and so the inspector did not have an opportunity to meet with them.

The centre was seen to be homely and decorated in a manner that suited the age range of the residents that used it. There was a large chalk board displayed in the hallway of the centre, colourfully decorated. Bedrooms were large, bright and airy with en-suite facilities available to residents. There were a number of areas in which residents could relax or play and there was a large back garden with play equipment available to residents.

Some good practice was observed during a walk around of this centre. The centre was seen to be clean overall. Kitchen appliances, floors and surface areas were noted to be kept very clean and there was no significant build-up of dust or dirt. Bed-linen had been changed in all rooms where residents were to be admitted that evening and staff told the inspector that duvets were sent to the laundry facilities on the main campus following each residents stay in the centre. Residents had their own laundry baskets and these could be wiped down between uses and observed to

be clean on the day of the inspection. Air vents located in bathrooms were observed to be clean and shower chairs were seen to have been cleaned after use.

Residents' bedrooms were seen to well maintained and suitably decorated given the service provided in the centre. Residents had access to their own boxes to keep items such as sensory toys in to reduce the possibility of cross contamination. Staff were observed to use appropriate personal protective equipment (PPE) throughout the day. Hand sanitiser dispensers were located at appropriate points throughout the centre, such as outside bathrooms and at entrance and exit points to the centre.

Some areas for attention were noted on this inspection. For example, a kitchen worktop was chipped and some signage that was on display in a utility room required review. Also, some sticky residue was observed on a press in this room that could prevent effective cleaning. A hot-press that was not included on the cleaning schedule did require some attention to ensure that it was kept in a hygienic condition suitable for the storage of linen. The inspector saw that one en-suite bathroom required cleaning prior to the return of a resident and that some food debris remained on the floors and a couch following the departure of residents that morning.

A sensory/activity room was provided for the use of some residents that contained a hanging tepee, bean bag, toys, soft furnishings and some items designed for sensory occupation. This was seen to be a valuable addition to this centre and a staff member spoke about how some residents enjoyed using this space. Soft furnishings present in this room required laundering to ensure that all residents could safely use this space. There was a cleaning log in place that indicated that the toys and equipment was cleaned after use or by the night staff in the centre but it was not evident that this was always being completed in that some toys appeared to have a sticky residue on them and some toys and games stored in this room were seen to be well used. Some chipping of paintwork was noted in high traffic areas where mobility equipment was used such as on doors and door frames. Areas for attention are discussed in more detail in the judgement section of this report.

Overall, this inspection found that residents in this centre were generally afforded very good protection against infectious agents with some improvements to be made to ensure that infection prevention and control (IPC) practices and procedures within the designated centre were at all times consistent with relevant national standards.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered in relation to infection prevention and control.

## Capacity and capability

There was a clear management structure present in this centre. Local management systems and a strong staff team in place provided residents with a safe and consistent service that was appropriate to residents' needs. IPC practices in place in this centre were overall very good.

The person in charge was present on the day of this inspection and an individual who participated in the management of this centre also met with the inspector in the centre and told the inspector about the arrangements in place to maintain oversight in this centre. The person in charge was seen to maintain a strong presence in the centre and provide good day-to-day support to staff and residents. This individual was very knowledgeable in the area of IPC and was very familiar with the care and support needs of all the residents that availed of services in the centre.

The person in charge was a member of the COVID-19 committee within this organisation and their knowledge and expertise was evident in the good standard of documentation present in the centre. A small amount of documentation was noted to require review to ensure that it contained the most up-to-date information and that out-of-date documentation was removed. IPC and health and safety audits were taking place regularly. Staff spoken to, and records viewed, confirmed that IPC was being discussed regularly with the staff team in the centre. Audits in place had identified many of the issues that were found on this inspection, and actions had been taken to have specific work completed in the near future, such as repairing and replacing radiator covers and flooring.

The provider had in place a suitable IPC policy that contained relevant guidance on areas such as the management of linen and laundry and waste management procedures. The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been completed and reviewed. Contingency planning in respect of the COVID-19 pandemic was ongoing at provider level and centre level, with a separate adult isolation hub contingency plan in place for this centre. The inspector viewed a COVID-19 emergency response plan that had recently been updated. There was regular review of risk assessments and plans in place to take account of changing circumstances and updated public health guidance. The person in charge was proactive in ensuring that staff had the appropriate skills and knowledge to appropriately manage infection concerns, For example, staff had taken part in regular drills that simulated residents becoming symptomatic with an infectious disease, and what to do in the event the centre would be required for use as an isolation hub.

In the event of an outbreak of infectious disease occurring there were plans in place that would protect the residents, and support continuity of care for them, including appropriate staffing arrangements. The person in charge had in place a supervision schedule, and staff spoken to confirmed that they received formal supervision on a regular basis and that IPC is a topic for discussion during these meetings.

All of the staff working in this centre, including agency staff had received comprehensive training in relevant areas such as hand hygiene, putting on and off PPE and standard based precautions. A clear record of this training was maintained

in the centre and practical hand hygiene assessments were completed regularly in the centre. A staff induction folder was viewed that had ample information for new staff about a range of topics such as the COVID-19 virus, PPE and the required IPC training. There was an isolation protocol in place that provided clear and detailed guidance for staff on what to do in the event that a resident was suspected or confirmed to have an infectious disease, such as COVID-19. This meant that all staff working in the centre were provided with the appropriate knowledge to protect residents from infectious agents. The person in charge was aware of the importance of completing outbreak reviews.

Regular audits of IPC in the centre were completed, including an audit that had been completed by an external auditor. Audits such as mattress audits were being completed on a regular basis. An annual review and six monthly unannounced visit report had been completed and these included information and review of the IPC arrangements in place within the centre. Actions identified were being addressed. The timely identification and management of any issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service provided in this designated centre in respect of IPC.

## Quality and safety

The welfare and wellbeing of residents was maintained by a high standard of evidence-based care and support. Evidence viewed on this inspection showed that safe and good quality supports were being provided to the residents that availed of respite services in this centre. Very good infection control procedures were in place in this centre to protect residents, staff and visitors. Some improvements were required to ensure that these were at all times consistent with relevant national standards.

Two staff members present on the day of the inspection spoke with the inspector. They knew the residents that used the services in the centre well and were aware of their individual support needs. They also had a strong awareness of IPC measures in place in the centre and what to do in the event of an outbreak of infectious disease, such as COVID-19. Staff member spoke confidently about the procedures in place should a resident be suspected or confirmed to have an infectious disease while they were attending the centre. Residents of this centre were transferred home in the event that they were suspected or confirmed to have COVID-19 and there were family agreements in place documenting that family members were aware of this.

IPC was discussed with residents, such as during resident meetings. Daily checklists were in place to prompt staff to clean high contact areas regularly and a COVID-19 checklist & symptom tracker were in place and were completed when residents transferred into the centre and as required. Staff told the the inspector about the

contact with families prior to a resident being admitted to the centre and were aware of the signs and symptoms of common infectious diseases, such as the COVID-19 virus. A cleaning folder was in place that included up-to-date guidelines and procedures for IPC. This contained information about cleaning products in use in the centre, colour coding, general cleaning and disinfection information and the waste segregation policy, among other things. The cleaning schedule was seen to indicate the specific type of cleaning product to be used for specific tasks. The schedule in place indicated what tasks should be completed daily, nightly and weekly.

The centre was well maintained and the inspector noted that the centre presented as clean overall. It was evident that the centre was being regularly cleaned. Staff spoken to told the inspector that staffing was sufficient in the centre to ensure that cleaning schedules in place could be completed without impact on the service being provided to residents. They told the inspector that the house was staffed on a 24 hour basis and this afforded staff with time to complete cleaning and administration duties at times when the children that used the service were not present, such as when they were at school. On the day of the inspection it was observed by the inspector that staff were completing administration duties and some cleaning duties.

A dedicated household staff member was due to attend the centre to complete cleaning duties. This was scheduled to occur weekly. However, this staff member was unable to attend as planned. Although, the other staff members were in attendance on the day, the house was unusually busy on the day of this inspection. A scheduled appointment with an allied health professional supporting the residents took place with staff, and also staff training in fire safety took place in the centre on this day. As such, some regular duties were not completed. This was evident in the final walk around of the centre by the inspector which took place after staff had departed to collect the children from school. For example, one resident was due to return to the centre for a second night. This residents' bathroom had not been fully cleaned prior to their return. Also, some light dust was noted in some areas and a couch in the kitchen was noted to still have some crumbs and food debris on it. This showed that the centre had not been cleaned effectively prior to the arrival of the next group of residents. This could have an impact in that it presented a risk of cross contamination between resident cohorts.

The centre had been identified as an isolation hub if required during the COVID-19 pandemic. Residents in this centre had ample facilities to allow for self-isolation in this centre if required, and the centre had suitable facilities to care for residents in the event that this centre was used as an isolation unit for residents who were suspected or confirmed to have an infectious disease. Large single en-suite bedrooms were available for residents. The inspector viewed a copy of the isolation unit procedure. This document contained robust guidance for staff such as identifying clean zones, donning and doffing areas, the protocol for removing non-essential items to allow for more effective cleaning, disinfection procedures, terminal cleaning procedures and the arrangements related to staffing and staff breaks. PPE such as face masks, aprons and hand sanitiser were in plentiful supply and suitably stored, as were appropriate cleaning products and the management of the centre confirmed that the products provided from the main campus were in date and these

were replenished regularly.

Residents had care plans in place that promoted strong IPC practices. Intimate care plans in place included details on hand hygiene. A PEG (percutaneous endoscopic gastrostomy) feeding protocol was viewed for one resident and this included important detail such as infection control guidelines and daily care of the stoma site. This had been updated prior to the resident attending for a recent respite stay. Staff had also recently received training about intermittent catheterisation to provide them with the required skills and information to support a resident and a support plan was in place around this that included IPC considerations such as identifying sterile equipment and when hand hygiene should be completed during the process. A number of risk assessments were in place relating to IPC and overall it was seen that these were being updated and reviewed on a regular basis. Equipment such as a hoist and height adjustable beds were serviced regularly.

In general, very good practice was identified in relation to infection prevention and control measures in place in the centre. Some areas for improvement were identified. It is acknowledged however, that this unannounced inspection took place on a day that was unusually busy for staff and the dedicated cleaning staff did not attend the centre as planned on the day of the inspection. The person in charge and management of the centre showed a clear commitment to rectifying these issues on the day of the inspection.

## Regulation 27: Protection against infection

Overall, residents in this centre were afforded very good protection against infectious agents in line with standards consistent with relevant national standards. Some areas of improvement were required to ensure that infection prevention and control practices and procedures within the designated centre were at all times consistent with relevant national standards.

- Cleaning protocols between resident groups required review to ensure that the risk of cross contamination was fully considered and that all areas of the centre were cleaned regularly.
- A kitchen worktop was chipped and some signage that was on display in a utility room required review.
- Sticky residue was observed on a press in utility room that could prevent effective cleaning.
- Some radiator covers in some parts of the house were observed to have a build up of dust.
- The extractor fan in the kitchen was noted to be clean but some minor rust was present.
- A hotpress was not included on the cleaning schedule and did require some attention to ensure that it was kept in a hygienic condition.
- Limescale build up on fittings in toilet room
- An area of flooring was chipped/peeling in Bedroom no. 5

- Water damage to small area of baseboard in kitchen
- Some activity items in sensory room required cleaning
- Some internal paintwork on doors and door frames required touch up to ensure effective cleaning could be completed

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 St. John of God Kerry Services - South Kerry OSV-0003790

Inspection ID: MON-0036052

Date of inspection: 26/09/2022

## 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> <p>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.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>o The PIC has reviewed and updated the cleaning schedule to include sign off from staff on duty that all areas of the centre are fully cleaned when there is a change over of respite users to reduce the risk of cross contamination between resident groups. Completed by: 04/12/2022</li> <li>o The PIC has reviewed all signage within the centre. Completed by:27/09/2022</li> <li>o The PIC has submitted a maintenance request to have the kitchen worktop repaired. Completed by:31/12/2022</li> <li>o The PIC has ensured that residue on press highlighted during inspection has been removed to allow for effective cleaning of the press. Compelted by: 30/09/2022</li> <li>o The PIC reviewed the cleaning schedule to include dusting of all radiator covers within</li> </ul>	

the centre in order to remove the risk of dust building up.

Completed by: 04/12/2022

o The PIC submitted a maintenance request to have extractor fan in the kitchen repaired.

Completed by: 30/09/2022

o The PIC has reviewed the cleaning schedule to include the cleaning of the hotpress within the centre.

Completed by: 04/12/2022

o The PIC submitted a maintenance request to have areas identified within the hotpress completed to ensure it is kept in a hygienic condition.

Completed by: 28/02/2023

o The PIC submitted a maintenance request to have fittings in all bathrooms reviewed and fittings identified as having limescale build up to be replaced.

Completed by:31/12/2022

o The PIC submitted a maintenance request to have the floor in Bedroom 5 repaired.

Completed by:28/02/2023

o The PIC submitted a maintenance request to have damaged base board in the kitchen replaced.

Completed by:31/12/2022

o The PIC has reviewed the cleaning schedule to include cleaning of all activity items in the sensory room.

Completed by:04/12/2022

o The PIC submitted a maintenance request to have identified doors and door frames painted to ensure effective cleaning can be completed.

Completed by:31/12/2022

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/02/2023