



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

Issued by the Chief Inspector

Name of designated centre:	An Diadán
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	27 September 2022
Centre ID:	OSV-0005654
Fieldwork ID:	MON-0037748

About the designated centre

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

An Diadán is a community residential house situated in a small village in Co. Louth. This house is home to four gentlemen over the age of eighteen some of who have health care and emotional needs. The house is a large bungalow with four bedrooms (one of which is en-suite), one bathroom, a large kitchen dining area, utility room and two communal areas. There is a garden to the back of the property and a driveway to the front. The gentlemen are supported by a team of staff 24 hours a day. The team consists of social care workers, nurses and health care assistants. There are three staff on duty all day and one waking night staff. The person in charge is responsible for three other centres under this provider. In order to assure oversight of the centre they are supported by a clinic nurse manager who works 19.5 hours in this centre. The gentlemen do not attend a formal day service and are supported by staff to access meaningful activities during the day. A bus is provided in the centre in order to facilitate this.

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
Tuesday 27 September 2022	10:15hrs to 13:40hrs	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 three of the residents who lived there. One of the residents was on an over night stay elsewhere on the day of the inspection. Two of the residents went out for the morning, one was going to a community group called the 'mens shed' and one was going for coffee with staff and to do some shopping for the house.

The inspector observed that residents were treated with dignity and respect at all times. The centre was homely, warm and welcoming; and overall very clean. It had recently been painted. Residents bedrooms were well maintained and decorated in line with their individual preferences. Some audits had been conducted on IPC where a number of improvements had been highlighted. Most of these related to premises, however, not all of the required improvements had been completed at the time of this inspection. This is discussed in section 2 of this report.

The premises comprised of two communal spaces, one was a sitting room and the other was used as a sensory area, where residents could listen to music or have foot spas. One resident in particular, liked this room and had a storage area where they kept some items that were important to them.

The kitchen/dining area was clean and during the inspection, residents were observed having their lunch together which they appeared to be enjoying. 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 building. The staff spoken with were knowledgeable about the importance of adhering to good hand hygiene practice and gave examples to demonstrate this. They also spoke about

other standard precautions required when attending to residents' needs such as, the appropriate use of personal protective equipment (PPE) when attending to certain tasks like laundry.

Storage was available in the centre to store PPE, however, this needed to be reviewed as it was observed that overflow 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, 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 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.

Residents also attended weekly meetings where a number of important issues affecting them were discussed. For example; residents were informed when new staff members were starting to work in the centre, about broken items that had been reported to maintenance and changes to public health restrictions regarding COVID-19. All of the residents were also invited to attend staff meetings if they wished, when the inspector enquired about this from staff, the staff member stated 'well it is their home'. This was a good example of how residents' rights were respected in the centre.

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 infection prevention and control measures. However, some improvements were required to some storage facilities, minor upkeep issues with the premises, and hospital 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. At the time of this inspection, other than COVID-19, there were no known health care associated infections in the centre that required additional guidance for staff. However, guidance was available for all staff in the event of this changing.

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 vaccinations.

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.

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.

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 personal protective equipment 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. There were also comprehensive support plans in place to support the residents' needs. Residents were regularly monitored for changes in their presentation and had timely access to allied health professionals. Isolation plans

were also 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. Hospital passports for residents while detailed; did not include the supports residents may require for decisions around their health care needs when 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. Some improvements were required to the kitchen work top as the varnish had worn off in some areas and actions from the providers own hygiene audits had not all been completed. For example; the grout in one bathroom required attention.

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

Some of the actions from hygiene audits conducted in the centre had not been completed.

The work top in the kitchen needed to be reviewed as some of the protective varnish was worn off in areas.

Hospital passports for residents while detailed did not include the supports residents

may require for decisions around their health care needs when in an acute setting.

The 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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for An Diadán OSV-0005654

Inspection ID: MON-0037748

Date of inspection: 27/09/2022

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>Actions identified in hygiene audits to include removal of staining to bathroom tiles and grout will be completed by 31/01/2023</p> <p>Works to repair protective varnish on kitchen worktop will be completed by 31/01/2023</p> <p>Hospital passports are being updated to clearly outline communication pathways between acute services and resident’s keyworkers, with regards to improving the supports that residents may require for decisions around their health care needs, while in an acute setting. Keyworkers will support acute services personel in relation to the resident’s ‘will & preference’ in terms of their healthcare needs.</p> <p>Storage of PPE in the centre has been reviewed and systems improved.</p>	

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	31/01/2023