



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

Issued by the Chief Inspector

Name of designated centre:	Lionshead
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	03 June 2022
Centre ID:	OSV-0005288
Fieldwork ID:	MON-0035816

About the designated centre

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

Lionshead is a four bedroom detached bungalow situated in small village in County Louth. The bungalow is within walking distance to shops, pharmacy, churches and pubs. It is also a short drive from a large town and a bus is provided for residents in the centre. The centre provides care to male adults who have some medical and mobility needs. Each resident had their own bedroom and the property consists of a well equipped kitchen/dining room and adequate communal space for residents. There was a garden to the back of the property.

The centre is primarily nurse led but direct nursing care is not provided on a 24 hours basis. Health care assistants, social care workers are also employed. There are three staff on duty during the day and one waking staff at night. There is an out of hours on call support system in place which is facilitated by senior nursing personnel. None of the residents currently attend a formalised day programme. Day activities are planned for residents by the staff in the centre. The person in charge is supported in their role by a clinic nurse manager. Services provided in the centre are done in collaboration with residents, their representatives and allied health professionals as appropriate to the needs of the residents.

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 3 June 2022	09:40hrs to 14:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had in place for the management of infection prevention and control (IPC) in the centre. The inspection was completed over one day and took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

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

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. Two of the residents were on their way out to do the weekly grocery shopping with staff. They appeared happy with this plan. One of the residents was having breakfast, where staff were observed sitting down with the resident and interacting with them. The other resident was observed sitting out in the garden for some of the inspection, which was somewhere they really enjoyed being.

The centre was overall very clean and generally maintained to a good standard. The inspector observed some minor issues while walking around the centre which required attention as they potentially could pose an infection control risk. While most of these had already being brought to the attention of the provider through recent audits conducted in the centre, some had not. This included the paint work which was peeling on the window frame in the bathroom and the handles of those windows which were rusted.

Each resident had their own bedroom which had been decorated in line with their own personal preferences and with family pictures. Easy read information was available in each residents' bedrooms which included picture albums of goals and outings they had achieved to date, easy read personal plans and activity schedules.

There were two communal spaces, one was a sitting room and the other was a sensory room. The residents were observed relaxing in the sitting room over the course of the inspection, listening to some of their favourite music and one resident appeared to really enjoy doing this relaxing on the their large recliner chair.

The kitchen/dining area was very clean. One resident was observed enjoying some table top activities with the support of staff. They were observed playing a game and smiled when the inspector was talking to them about this game.

The fridge was clean and there were food safety procedures 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.

The staff were observed supporting residents at meal times in line with their assessed needs and were observed providing alternatives to one resident who did not like one of the meals provided.

Some assistive/mobility aids were provided in the centre such as handrails and wheelchairs. They were observed to be visually clean and well maintained.

Enhanced cleaning schedules were 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. Staff were aware of the policies and procedures to be followed in the event of an outbreak of COVID-19 in the centre. They also had a good understanding of other health care associated infections which could pose a risk to staff and residents. A small number of improvements were required to the records stored in relation to these which included; individual isolation plans for each resident and a record and risk assessment to mitigate the risk of legionella disease in the centre.

Colour coded mops and disposable floor wipes were used in the centre to clean specific areas. There were numerous hand sanitisation points throughout the building and all sinks had a supply of soap and disposable towels. All of the staff spoken to 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 use of appropriate PPE when attending to certain tasks.

There were adequate storage facilities in the centre which for the most part were clean and tidy. However, the storage of paper hand towels needed to be reviewed as it was observed there were stored in an area where there was a risk of cross contamination.

There was a COVID lead assigned for each shift in the centre who was responsible for ensuring that a 'safety pause' was conducted at the start of each shift. This safety pause was an opportunity to go through a number of questions with staff to ensure they were complying with current IPC measures.

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.

Overall the inspector found that some minor improvements were required to the IPC systems in the centre. The following 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 (IPC) measures. This was particularly evident during the COVID-19 pandemic as there had been not outbreaks in the centre that affected residents. However, some minor improvements were required to some storage facilities, the upkeep of the premises, risk assessments and records that related to legionnaires' disease, communication passports and some of the records pertaining to the management of an outbreak of COVID -19.

The provider had policies and procedures in place to guide practice on IPC. There were also a range of standard operating procedures specific to this centre available to staff. Some of the standard operating procedures included procedures for the management of clinical waste, and the decontamination of the environment and aids such as handrails. These documents also provided additional information (in appendices) so as to provide further guidance and support to staff. For example, information and quick reference guides were available to staff, informing them of what infections needed to be reported and the IPC measures to be followed in the event of an outbreak of a range of common health care associated infections.

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. Staff were knowledgeable around the control measures in place to manage the risks associated with this type of infection.

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.

One improvement was required in the records viewed as the Covid-19 self assessment tool published by the Health Information and Quality Authority (HIQA) while completed, had not been updated since August 2021.

Staff were kept informed of changes to practices in IPC measures specifically in relation to COVID-19. Written updates were provided via e-mail 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 in the centre. An audit recently conducted highlighted some issues with the premises that needed to be addressed. The inspector was satisfied that these had been reported to senior managers. However, as discussed in the next section of the report some

other issues had been observed by the inspector which had not been identified during these audits. 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 to were very knowledgeable around the residents needs and also about 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. Refresher training was planned for all staff on food safety.

Quality and safety

Overall, the inspector observed that the staff team for the most part, maintained good standards regarding infection prevention and control. However, as stated a small number of improvements were required as outlined in the this section of the report.

Residents had personal plans in place which included a comprehensive assessment of need. Residents' personal plans also included their vaccination status for other health care associated infections. For example; whether the resident had received an annual influenza vaccination or hepatitis B.

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. However, while staff were aware of the isolation plans for residents in the event of an outbreak of COVID-19 in the centre, there was no formal plan in the residents' personal plans to guide this practice.

Residents had hospital passports in place which outlined the supports they would require should they have to move to another health care facility such as an acute hospital setting. These passports outlined how the residents liked to communicate. However, they did not outline the level of understanding that the resident may have when people who did not know them were engaging with them. This was particularly important, if complex medical decisions needed to be made around the residents health care needs.

There was adequate supplies of personal protective equipment (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 paper towels needed to be reviewed as they were stored in an area where they may be at risk of

cross contamination.

The provider had systems in place for the management of clinical waste and the staff were aware of the procedures to follow regarding this.

As stated the property was very clean and overall maintained to a good standard. However, as stated paint was peeling on the windows in one bathroom and the window handles were rusted. Other areas identified to include some floor coverings had already been highlighted through the providers own audits.

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. One of the showers in the centre was not used, the staff informed the inspector that this shower was flushed out regularly to prevent the risk of legionnaires' disease. However, there were no records to verify this or a risk assessment outlining the control measures in place to manage this risk.

Overall, for the most part good standards of infection prevention and control measures were in place. However, as outlined throughout this report some minor improvements were required.

Regulation 27: Protection against infection

While staff were aware of the isolation plans for residents in the event of an outbreak of COVID-19 in the centre, there was no formal plan in the residents' personal plans to guide this practice.

There were no records to verify that an unused shower was routinely flushed or that it had been risk assessed to outline the control measures in place to manage the risk of legionnaires' disease.

The storage of paper towels needed to be reviewed as they were stored in an area where they may be at risk of cross contamination.

The paint was peeling on the windows in one bathroom and the window handles

were rusted.

The Covid-19 self assessment tool published by HIQA while completed had not been updated since August 2021.

These hospital passports outlined how the residents liked to communicate. However, they did not outline the level of understanding that the resident may have when people who did not know them were engaging with them particularly if complex medical decisions needed to be made around their health care needs.

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 Lionshead OSV-0005288

Inspection ID: MON-0035816

Date of inspection: 03/06/2022

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: Individual Self isolation plans for covid 19 are in place and operational. (Completed 07/06/2022)</p> <p>Weekly flush regime for the unused shower is in place and record of same is updated in IPC folder. (Completed 04/06/2022)</p> <p>Paper towels are now being stored in a specific area for that purpose only. (Completed 04/06/2022)</p> <p>Maintenance requested for window and handle of window. (completion date 31/08/2022)</p> <p>Covid 19 self assessment has been updated. (Completed 28/06/2022)</p> <p>Residents hospital passports will include each residents communication profile. Further development of the hospital passport is under review in line to take cognisance of Assitive Decision Making Act.</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	31/08/2022