

# eDeposit Ireland

## St. John of God Kildare Services - DC 4, OSV-0002936, 15 December 2020

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'St. John of God Kildare Services - DC 4, OSV-0002936, 15 December 2020', [report], Health Information and Quality Authority, 2021-04-13, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-04-12 03:15:48
Link to Item	<a href="https://hdl.handle.net/20.500.14765/105370">https://hdl.handle.net/20.500.14765/105370</a>



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

## Issued by the Chief Inspector

Name of designated centre:	St. John of God Kildare Services - DC 4
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	15 December 2020
Centre ID:	OSV-0002936
Fieldwork ID:	MON-0031023

## About the designated centre

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

St John of Kildare services - DC 4 is located on a campus based setting within walking distance of a large town in Co. Kildare with a number of local amenities. In April of 2020 the provider applied to register an additional residential unit on to the centre for the purposes of supporting residents with COVID-19 to self-isolate if unable to in their own homes. The COVID-19 self-isolation unit is also located on the campus in a separate building. DC- 4 is a congregated setting with all buildings and housing located on campus. The designated centre is a large, purpose-built residential building divided into four units. The current capacity of the centre is 18 in line with the centre's de-congregation plan. DC 4 provides services to adults whose primary disability is intellectual disability. Residents may also have additional needs due to physical disability, sensory impairment, medical conditions and behaviours that challenge. Residents are supported on a full-time basis by a team of clinical nurse managers, nurses, social care workers and care assistants. Housekeeping staff also support the team.

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

Number of residents on the date of inspection:	0
--	---

## How we inspect

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 - 2015 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 15 December 2020	10:20hrs to 14:50hrs	Ann-Marie O'Neill	Lead

## What residents told us and what inspectors observed

The purpose of this inspection was to review the COVID-19 arrangements in place for the isolation unit which formed part of the overall designated centre.

There were no residents using the unit at the time of inspection. The inspector therefore carried out observations of the premises while ensuring physical distancing measures from any staff or other persons present in the unit on the day of inspection.

The isolation unit is located in a residential unit named Glen Poer and situated on the same congregated setting campus as DC4 designated centre. It is also located adjacent to DC4.

While the premises presented as institutional in aesthetic and not suitable for long-term living arrangements, the inspector noted that it was suitable for the purposes of an isolation unit for use by residents with COVID-19 and for a short period stays. At the time of inspection the provider was upgrading the bathroom and toilet facilities of the residential unit.

The centre was well lit, ventilated and warm. The inspector observed that the isolation unit could provide residents with large segregated spaces for the purposes of self-isolation. In addition, residents could be afforded with large bedroom spaces supplied with a hand-washing sink in each bedroom.

Separate access and entry points were also available for residents and the staff supporting them to leave and enter the premises and ensure a reduced risk of cross-contamination points within the centre and support zoning of specific areas while residents used the unit.

Safe and suitable storage room spaces were available to store an emergency stock of personal protective equipment (PPE) if required and for medications. A small kitchen was also available for preparing snacks and drinks for residents during their stay.

## Capacity and capability

The provider had made proactive arrangements for the purposes of managing and responding to situations where residents may be unable to self-isolate in their own home should they test positive for COVID-19.

In April 2020 the provider applied to register an isolation unit on St. Raphael's

Campus and incorporate that unit into the footprint of an already registered centre called DC4. As referred to in this report previously, this inspection report discusses the findings of an inspection of the isolation unit.

The provider had made arrangements to appoint a person in charge of the residential unit. Their management remit encompassed DC4 and the additional isolation unit situated adjacent to DC4 on the campus. The location of the isolation unit meant that this was an appropriate arrangement which could allow the person in charge to access and oversee the support of residents during their stay in the unit.

The person in charge had created a referral pathway and admission criteria framework for the purposes of ensuring a rights based approach to residents' admissions to the unit and to ensure residents were admitted for the sole purposes of managing COVID-19 where they could not self-isolate or be managed safely in their own homes. The inspector reviewed the admission and referral pathway and noted it was a positive initiative taken by the person in charge.

However, it was not clear that the provider had established this framework or criteria referral assessment into their policies and procedures for isolation units at an organisational level. Therefore, while the localised arrangements were suitable it was not clear or evident that they were being led by the provider. This required some improvement.

Staffing arrangements for the isolation unit would occur on a case by case basis and it was set out that staff would transfer with a resident from their home to the unit and support them during the self-isolation period. This would ensure residents were supported by familiar staff as much as possible while staying in the residential unit.

The person in charge had created a directory of residents for the centre which would capture admissions and discharge dates of residents that used the facility.

#### Regulation 14: Persons in charge

The provider had appointed a person in charge to oversee the support and care of residents during their stay in the isolation unit.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing arrangements for the unit were based on a case-by-case basis, staff would transfer with residents and support them during their stay in the isolation unit.

Judgment: Compliant

### Regulation 19: Directory of residents

The person in charge had created a directory of residents to record admissions and discharge dates of residents and record other relevant details as required by regulation 19.

Judgment: Compliant

### Regulation 23: Governance and management

It was not clear that the provider had established the localised referral framework and admission criteria assessment into their policies and procedures for isolation units at an organisational level. Therefore, while the localised arrangements were suitable it was not clear or evident that they were being led by the provider. This required some improvement.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose reflected the service that would be provided in the isolation unit.

Judgment: Compliant

## Quality and safety

As referred to previously in this report, the isolation unit was located on the congregated campus setting of St. Raphael's.

While the residential unit appeared throughout as institutional in design and layout, it was noted as a suitable premises for the purposes of supporting residents with COVID-19, to self-isolate for a short stay.

The premises provided large spacious areas and very large single occupancy

bedroom spaces for residents to use during their stay. However, there were some improvements required.

It was noted at the time of inspection that all bathroom, showering and toilet facilities were being upgraded and refurbished. While this was good initiative by the provider, at the time of inspection none of the bathroom/toilet facilities were in proper functioning order and therefore, no resident could be admitted to the unit.

Following the inspection, the inspector issued the provider with a provider assurance report requesting an assurance that no resident would be admitted to the unit until all refurbishment works for toilet and bathing facilities were addressed and completed. An initial response from the provider indicated that they would not admit any resident until all works were completed.

The provider and person in charge had made suitable COVID-19 contingency planning arrangements for the centre, however, it was noted that there was no supply of PPE in the PPE storage space in the centre. This was required to ensure an adequate stock was available in the event of an emergency admission of a resident to the unit. There were however, adequate arrangements for the provision of PPE stock for the unit as the provider had ensured an organisational level management and procurement of PPE for their designated centres.

While toilet and bathing facilities were not in working order at the time of inspection, it was noted there was the provision of handwashing sinks available in all resident bedrooms which would provide for optimum hand hygiene arrangements for the management of COVID-19. Alcohol hand gel dispensers were available in the unit at key locations and located outside resident's bedrooms and at access and entry points to the building. Large communal spaces were available for residents to socially distance during their stay.

Organisational COVID-19 contingency plans were in place and a local centre specific COVID-19 contingency plan was also in place. Localised cleaning schedules and procedures had been set out and cleaning supplies were available. Staff and residents would receive temperature checks each day and the provider had good arrangements for contacting and liaising with public health. A COVID-19 information folder was maintained which contained the most up-to-date public health guidelines and the person in charge demonstrated a good knowledge of COVID-19 related healthcare management and had experience of supporting and caring for residents in the other location she managed.

As the premises had been unoccupied for a period of time and would not be in use on a full-time basis, the inspector asked to review the provider's Legionnaire's management procedures for the centre. However, this was not available and it was not demonstrated that a consistent flushing programme was in place to mitigate the risk of Legionnaire's disease. The inspector requested the provider to carry out an assessment of the quality of water in the centre and a further assurance that no resident would be admitted to the centre until a test of the water provided evidence that it was free from Legionnaire's. An initial response from the provider provided an assurance that testing would be carried out and that residents would not be

admitted until appropriate testing had taken place.

The inspector reviewed fire safety precautions in the isolation unit and found for the most part that the centre had good fire and smoke containment measures in place. Emergency lighting was in place and the fire alarm had been recently serviced. Fire extinguishers in the centre had also received an up-to-date service check. Some improvement was required to ensure regular daily and weekly fire safety checks were carried out. At the time of inspection the inspector noted there were gaps in recorded fire safety checks.

### Regulation 17: Premises

At the time of inspection the toilet and bathing facilities were undergoing a suite of refurbishment and were not in working order for residents to use. Some parts of the premises contained unused furniture and clutter that could impact on the cleaning schedule arrangements for the centre.

Judgment: Not compliant

### Regulation 27: Protection against infection

While there was a designated storage space for PPE in the centre, at the time of inspection it was not adequately stocked to ensure an appropriate supply was available should an emergency admission to the centre occur.

The provider was unable to provide the inspector with evidence of their Legionnaire's management for the centre. The provider was required to ensure water testing was carried out before residents were admitted to the centre and to instate a Legionnaire's management protocol for the centre which would be implemented on an ongoing basis.

Judgment: Not compliant

### Regulation 28: Fire precautions

The inspector noted some gaps in daily and weekly fire safety checks in the centre.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had created an assessment pathway for residents on their admission to the centre which would ensure their holistic social care needs were supported during their stay.

Judgment: Compliant

## Regulation 9: Residents' rights

The admission criteria and referral pathway for residents admitted to this centre had a focus on a rights based approach.

Judgment: 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. John of God Kildare Services - DC 4 OSV-0002936

Inspection ID: MON-0031023

Date of inspection: 15/12/2020

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A standard operating procedure outlining the function and governance of isolation units in the region during the Covid 19 pandemic was devised, approved by senior managers / relevant PIC's and issued to all supervisors and staff on 23/12/2020 to be implemented with immediate effect. This procedure covers the provider's framework for use of the isolation centres and the criteria for admission to the centres.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Unused furniture was removed and cluttered areas were cleared.</p> <p>The bathrooms and toilets under renovation are completed with minor decorative work being finished currently.</p> <p>No resident will be admitted until all works and safety testing is completed.</p>	
Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

A stock of PPE (available in case of admission(s)) in the isolation unit has been put in place and it remains there, stored appropriately. Systems are in place for the ordering and delivery of PPE twice weekly; with additional supplies provided to all areas of the service by request.

Tests were undertaken on the water system in the centre immediately following the inspection and the samples were submitted to a specialist laboratory for analysis. The results were unsatisfactory. The water was treated and has been tested again and the samples again sent for analysis. The results are due week commencing 01/02/2021.

A local operational procedure for the ongoing maintenance and monitoring of water quality has been implemented. This encompasses regular flushing of all outlets, regular temperature checks for water storage, regular inspection and maintenance and replacement of outlet equipment and independent testing twice annually.

Records are now in place to reflect the flushing, inspection and testing of the system. No resident will be admitted to the isolation unit until the water quality has been approved following the required retests.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Daily and weekly fire checks were reviewed immediately and a system is now in place in the isolation unit to ensure these are completed with the required frequency.

## 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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	27/01/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	27/01/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	23/12/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Not Compliant	Orange	07/02/2021

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	17/12/2020