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

Issued by the Chief Inspector

Name of designated centre:	DC4
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	15 June 2022
Centre ID:	OSV-0002936
Fieldwork ID:	MON-0035698

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. 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:	17
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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
Wednesday 15 June 2022	10:30hrs to 16:10hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This centre is situated on a large campus, which also accommodates a number of other services. The centre is a large purpose-built one-storey building split into four residential suites. All four suites have access to external enclosed garden spaces. Prior to 2018, the centre originally accommodated 26 residents, which to date has since reduced to 17 residents due to the registered provider's successful de-congregation and transition of residents to community homes. The inspector discovered that the centre's reduced capacity continued to positively impact residents' quality of life, access to private space, and the implementation of effective infection control measures, including residents' ability to self-isolate whilst maintaining access to facilities.

The entrance hall was supplied with hand sanitiser, and arrangements were in place for temperature checking of all staff and visitors. In response to residents' behavioural support needs and preferences, due consideration was given to the placement of hand sanitisers to ensure these had minimal impact on the needs of the residents. For example, in one area of the centre, hand sanitiser was not wall-mounted and instead, staff carried individual mini containers on their person as an alternative measure.

Over the course of the inspection, the inspector spoke with the person in charge, nursing staff, social care staff, and a household staff in addition to meeting with residents. The majority of residents living in this centre needed assistance in order to express their opinions and preferences. The inspector also looked at a variety of important documents, including individual care plans, policies, guidelines, and the contacts and experiences that residents had on a regular basis. Although most residents did not communicate verbally with the inspector, as residents primarily communicated their needs through non-verbal means, they were observed to be at ease and comfortable in the company of staff and were relaxed and happy in the centre.

High levels of staff support were noted in the centre, and all staff appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector. The staff team comprised of nursing staff, social care staff and household staff. An infection control lead was allocated during each shift, and this staff member was responsible for ensuring the provider's systems and policies regarding infection control were implemented in the centre during their shift. The inspector found that staff were adequately supervised in their roles, and there was effective oversight of care and support being provided to residents. In addition, residents were supported by a staff team who were familiar with their care and support needs. The inspector observed interactions between staff and residents and observed that staff were attentive to residents' needs and knowledgeable about their preferred methods of communication. Separately, it was noted that staff members followed public health recommendations and wore surgical masks while in

the centre and outside with residents.

It was evident from speaking with the person in charge and staff members that various precautions were taken to safeguard residents from the risk of infection while also making sure that these precautions did not have an undue influence on residents' quality of life. It was also clear that the person in charge and staff had promoted residents' understanding of COVID-19 pandemic's effects. Residents had access to a variety of information regarding COVID-19 and infection control in a format that suited their needs. This covered the rights of the residents, such as the right to good health, hand hygiene, a COVID-19 guide for individuals with disabilities, personal protective equipment (PPE), and the vaccination process.

It was seen that the premises provided for residents to live in were generally very homely in their overall appearance and effort was taken to enhance the living environment. For example, residents' photographs were on display throughout, while in one house, it was seen that one resident had their own coffee machine in the dining room. Communal areas were well furnished with items such as televisions and couches, while each resident had their own individual bedrooms, which were personalised with storage available for residents' personal items. In line with residents' needs, some residents had their own personal living spaces, in which the inspector observed residents relaxing and enjoying lunch.

The inspector also observed other pleasant areas of the premises outside. A large polytunnel was located to the rear of the property. This contained raised bed containers and was large enough to ensure residents could access and move freely in it while using their mobility aids. Staff told the inspector that residents enjoyed using this space and a number of them were keen gardeners. The inspector viewed photos of residents picking fruits grown in the polytunnel to make homemade smoothies.

The inspector found that there were sufficient staff numbers and skill mix in place to support the residents' needs and preferences. Some residents were engaged in day programmes located on campus, and others preferred activities from the centre. For example, one spare bedroom had changed into a gym, and one resident, in particular, enjoyed practising golf putting in this room. Some residents were taking part in skills teaching to learn kitchen skills to support their interest in making food and drinks.

The inspector was told that residents enjoyed going out for drives and going out for coffee. Some residents had left the centre before the inspection to enjoy a day out to Wexford, and another resident was due to attend the 'Gaisce' awards by the President in Farmleigh House. The inspector was informed of an up-and-coming BBQ family day the centre had planned for the first time in three years and how everyone was looking forward to the party.

One visitor attended the designated centre during the course of the inspection. Verbal feedback from visitors assured the inspector that family members were happy with the quality of care and support given to their relatives. This was also consistent with completed questionnaires that families had completed to inform the

registered providers annual review of the service.

To summarise, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. Systems were in place to ensure that infection prevention and control measures were consistent and effectively monitored.

The remainder of this report will provide an overview of how the provider had ensured they were meeting the requirements of Regulation 27: Protection against infection and how they had implemented the National Standards for infection prevention and control in community services (2018) into practice whilst still respecting residents' rights to feel safe, happy and comfortable in their own home.

Capacity and capability

This was an unannounced inspection, and the purpose of the inspection was to monitor the centre's levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The centre was last inspected in June 2021, where a high level of compliance with the regulations was met, with 20 of 21 regulations found fully compliant. Key areas of focus on this inspection included staffing, monitoring of the provider's infection prevention and control practices and the centre's leadership, governance, and management. The inspector found clear evidence of good leadership, governance, and management, all of which are required to achieve compliance with Regulation 27: Prevention against Infection. The inspection findings revealed that infection prevention was a component of the service's everyday operations and was viewed as a shared duty by management and staff. The inspector found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of healthcare-associated infections in the centre.

There was a clear organisational structure to manage the centre. The person in charge, who was in the post a number of years, was a competent person responsible for leading quality and safety improvements in the centre. They were further supported by two clinical nurse managers and three social care leaders. The person in charge was based in an office on the campus and was present in the centre daily for staff handover. The person in charge also worked closely with the wider management team and was very involved in overseeing infection control management in the centre. The person in charge held the overall responsibility for ensuring good infection prevention and control practices were implemented. Additionally, to support the person in charge, the CNM1 (clinical nurse manager)

was nominated as the local COVID-19 lead representative, and staff IPC champions were identified. From meeting with the CNM I and an IPC champion, staff were clear on their roles and responsibilities in relation to IPC matters. The centre was also supported by a senior management team that included an infection, prevention and control committee led by the assistant director of nursing, who was available to support with any infection control or COVID-19 issues that arose.

The person in charge had, on behalf of the registered provider, conducted a comprehensive annual review of the quality and safety of service for 2021. This report was of high quality and outlined a clear analysis of all the data the centre generated and feedback from families. The person in charge had a clear vision for the centre and set out a number of goals each year for the centre to achieve. One of the eight goals set out for 2021 was the high standard of care concerning the prevention and control of COVID-19 in the centre. The report detailed how this goal was met and included the clinical nurse manager (CMN) I nurse completing a course on infection prevention and control and nominating infection control champions on every shift.

There were systems in place for reviewing and monitoring the service to ensure that a high standard of care, support and safety was being provided and maintained. An infection control audit was completed in the centre in February 2022, which fully reviewed infection prevention and control measures in place. This included reviewing staff training, policies and procedures, hand washing facilities, contingency plans, the environment, and ventilation systems. The inspector found management were appropriately identifying areas in need of improvements and developing actions plan with persons responsible when necessary. Infection control was also an aspect of the provider's detailed and comprehensive unannounced six-monthly audits in the centre.

The person in charge ensured the staff team had the competencies, training and support to promote safe and effective infection prevention and control practices in the designated centre. There was good oversight of the staff team's training needs; some gaps had been identified through the six-month unannounced audit; however, these had been promptly actioned by the person in charge. Enhancing and promoting the skills and competencies of staff was seen as an area of continuous improvement within the service, with several external and online training in IPC having taken place. This included sepsis training, COVID-19, IPC, standard and transmission-based precautions, aseptic technique, and antimicrobial stewardship.

Up-to-date copies of guidance documents related to COVID-19 and infection prevention and control were available for staff to view in each house of the centre. It was indicated to the inspector that senior management sent staff emails with updated guidance, and staff spoken with were able to relay details of the guidance in practice. This included correspondence regarding the most up-to-date procedures in the centre for protection against COVID-19. The centre had a clear daily handover system in place and used a handover document to communicate important information during the changeover of each shift, including symptom checking and the reporting of anyone feeling unwell. The inspector was aware, from a different IPC inspection, that the provider's policy IPC lacked sufficient detail to effectively

guide staff in all aspects of infection, prevention and control, for example, in the safe management of sharps. However, the inspector found while the policy was under review, there was clear guidance available in the centre for staff to follow regarding sharps management, and staff could explain the process to the inspector.

Quality and safety

The registered provider and management team ensured that the service offered was safe and in accordance with national guidelines for residential care facilities when it came to infection prevention and control. Infection control was clearly a priority at the centre. The quality of care was monitored regularly to ensure adherence to best practices and the National Standards for infection prevention and control in community services (HIQA, 2018). It was found that residents were supported to understand why infection prevention and control precautions were taken place.

On the day of inspection, the premises were found to be clean, in good repair, suitably decorated and was designed and laid out to meet the numbers and needs of residents. All residents had their own bedrooms, and there was adequate communal space in each house for social activities, recreation and dining. There were separate large, accessible bath and shower rooms that were appropriate to residents' mobility needs. All bathrooms and en-suites were noted to be clean and well maintained. These rooms had liquid soap and paper towel supplies. In addition, each of the four suites had utility rooms, a kitchen and a dining room. The fridge and food storage presses were observed to be clean. It was observed that ventilation was provided for in the communal areas of the centre, such as in the centre's bathrooms, and these vents were subject to quarterly cleaning by an external cleaning contractor.

The inspector noticed that there was sufficient information in and around the centre to support and encourage appropriate hand hygiene. Staff were seen washing their hands frequently and wearing masks in compliance with the most recent public health recommendations for long-term residential care homes. At the front door, there was information informing visitors that they needed to wear masks, have their temperature taken, and follow the hand sanitising procedures. The person in charge had ensured that the arrangements for receiving visitors had been updated to reflect national guidance and had implemented proportionate risk measures to enable residents to visit their family and friends and receive visitors in their home in a safe manner.

During the inspection, there were four household staff members present in the centre. The inspector found that staff members who spoke with them were clear about cleaning and sanitising procedures and described how they were carried out. Additionally, the provider recently sourced a nationally recognised three-day specialised hygiene training program for household staff working in healthcare settings. The course's material covered HIQA's 2017 National Standards for the

prevention and control of healthcare-associated infections in acute healthcare services, demonstrating the provider's commitment to enhancing their centres' hygiene and infection prevention and control methods in accordance with national standards.

The centre also had a colour-coded system for equipment such as mops and buckets, and cloths. These helped staff to clearly identify which equipment should be used when completing tasks in different areas of the house. This practice supported staff to minimise the risk of the transmission of potential infections, and staff spoken with were able to clearly identify this system to the inspector and discuss which item would be used in which area of the centre.

The inspector also reviewed the overall effectiveness of the checklists used to provide assurance that tasks were completed. There were daily cleaning schedules and tasks required by both household and support staff to demonstrate that essential cleaning was completed. In addition, there were separate cleaning duties for nighttime staff, and these included the decontamination of residents' equipment, for example, hoists and blood pressure cuffs. The inspector noted there were a number of gaps in these documents being completed at weekends by household staff; however, from the walk-around of the centre, it was not found that the gaps corresponded to less than sufficient cleaning of the centre. The inspector brought this documentation issue to the attention of the person in charge, who in turn linked with the relevant household manager so the issue could be resolved.

Appropriate arrangements were in place for the laundry of residents' clothing and disposal of household waste. Laundry was removed from the centre for cleaning centrally on campus. Each suite had a laundry room for the storage of clean laundry and these rooms were found to be clean, tidy and had sufficient storage. Water-soluble laundry bags were available for the laundry of contaminated items. The centre also had two sluice rooms where environmental improvements had been identified in the recent IPC audit. Repairs had taken place to replace torn lino in the two sluice rooms, but at the time of the inspection, it was evident these repairs had not been successful and required additional review as already flagged by management.

Although the centre was not generating clinical waste at the time of this inspection, the provider had made adequate arrangements to ensure clinical waste bags and disposal arrangements would be put in place should an outbreak of infection occur. The inspector found that sharps boxes were assembled per manufacturer's guidelines and disposed of correctly.

To measure the effect of COVID-19 and the infection prevention controls to limit risk, each resident had an individual risk assessment in place. Also, in the event that they contracted COVID-19, each resident had a clear contingency plan in place that described how their healthcare requirements would be handled and where they would be isolated. This required optimising the existing rooms throughout the building. In addition, the provider recently reviewed their COVID-19 contingency plan in April 2022 for this centre which was noted to contain 4 relevant information in areas such as escalating concerns and how staffing levels were to be maintained

in the event of a COVID-19 outbreak. Separately the person the charge maintained a local contingency plan detailing specific details pertaining to the centre, including the location of hand washing stations, resident educational supports, cleaning schedules, transport, laundry, donning and doffing areas and information on supporting a resident with suspected or confirmed COVID-19.

The inspector found that the services provided in this centre were person-centred and that every effort was made to support residents to develop an understanding of standard-based precautions and why they are applied. Information was available in the centre about infection prevention and control and COVID-19 in easy-to-read formats, including posters promoting hand washing. There were regular resident meetings where the agenda included infection prevention and control items such as reminders and updates on the COVID-19 pandemic. In addition, staff supported residents with vaccination education to assist them in preparing for the COVID-19 national vaccination programme and to support residents express their preference and will. The inspector noted that efforts were made to ensure residents enjoyed meaningful activities and had opportunities for leisure and recreation while national restrictions were in place.

Residents' health, personal and social care needs were regularly assessed, and care plans were developed based on residents' assessed needs. The plans of care viewed during the inspection were up to date, informative and relevant. Residents were supported to achieve the best possible health by being supported to attend medical and healthcare appointments as required. Throughout the COVID-19 pandemic, residents continued to have good access to general practitioners (GPs) and a range of healthcare professionals. In addition, de-sensitisation programs were implemented by staff members that had a strong and trusting relationship with residents for the COVID-19 testing and vaccination procedures. No new admissions had occurred since the previous inspection but arrangements were in place for the sharing of infection status and colonisation.

Regulation 27: Protection against infection

The purpose of the inspection was to monitor the centre's levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018), of which the inspector found high levels of compliance. Clear, safe and effective systems were in place to protect residents against healthcare-associated infections. This was evident in the following areas reviewed:

- Staff supports were in place to meet the needs of the residents and to safely implement infection prevention and control measures
- All staff had completed up-to-date training in areas including infection prevention and control, hand hygiene, and donning and doffing
- Clear management and oversight systems were in place, and infection control

measures were regularly audited and reviewed

- The centre had a clear and robust contingency plan in place for in the event of an outbreak of COVID-19

- The provider put in place effective systems and processes in relation to infection prevention and control in the centre

- Throughout the course of this inspection, staff were observed to engage in good IPC practice and residents were provided with learning and information (in an easy-to-read format and video format) on how to stay safe during the pandemic.

As a result, the risk of infection by the adoption of these practices in the centre was being managed and mitigated in this centre.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Compliant