



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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Rithe
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	14 March 2022
Centre ID:	OSV-0005511
Fieldwork ID:	MON-0035846

About the designated centre

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

Ard Na Rithe is a five-bedroom full-time residential service located in Co. Louth. It is situated close to local amenities. Residents can either walk to or avail of the centre's vehicle or public transport if required. The centre supports male residents over the age of 18 years. Each resident has their own bedroom. The facilities include two communal areas, a kitchen cum dining room with a utility room to the side. Adequate bathroom facilities are also available. There is a garden at the back of the property. Management and staff work in partnership with families, allied health professionals, and the wider community to ensure the service delivered to the residents is based on their assessed needs, individual preferences, and community inclusion.

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
Monday 14 March 2022	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and inspect the arrangements the provider had put in place concerning infection prevention and control (IPC). The inspector met with the four residents and spoke with staff throughout the inspection.

The inspector found that residents received appropriate care and support through observations and review of residents' information. Residents were supported to engage in activities of their choosing, and the centres' staff team supported residents' views and rights.

The inspector was introduced to all four of the residents. The inspector observed that residents moved freely around their home and appeared comfortable in their environment. Some residents listened to music in their rooms, whereas others relaxed watching television. Residents were also encouraged to engage in activities away from their home. Some residents went for walks, and others engaged in errands with staff members. There were systems in place that provided residents with information on infection prevention and control and the COVID-19 pandemic. Resident meetings were being held where information was also shared.

The inspector observed warm and considerate interactions between the staff team and the residents they were supporting. Staff were also observed to be washing or sanitising their hands in accordance with public health guidance. Staff members were wearing appropriate personal protective equipment (PPE) and changed this according to current guidelines.

The inspector was given a tour of the premises by the person in charge. The premises was suitably clean, and a review of records and policies also demonstrated appropriate systems to maintain this. The premises was free from clutter, and there was a relaxed and homely atmosphere. There were a number of handwashing facilities where both soap and hand sanitiser were located. The inspector noted that there were some enhancements required to two of the bathrooms used by residents. The impact of the required works will be discussed in more detail in the Quality and Safety section of the report.

The findings of this inspection will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection Against Infection is provided.

Capacity and capability

This inspection found that the governance structures had assured that the provider had effective and quality IPC practice's in place. The service was led by a person in charge who was the lead person regarding the management of IPC within the centre. There were clear lines of authority with tasks allocated to staff on duty each day.

There were also clear lines of authority regarding the provider's on-call management process; there were arrangements in place if the person in charge was absent. These arrangements, if required, would ensure oversight of the service provided.

The provider had completed the required reviews and reports regarding the quality and safety of care provided to the residents per the regulations. A six-monthly audit was completed on 09 November 2021. Part of the audit focused on assessing the service's IPC practices. The audit was detailed and focused on identifying areas that required improvement.

Furthermore, IPC audits were completed weekly and monthly. The weekly audits were conducted by members of the staff team and reviewed by the person in charge and a member of the provider's senior management. The monthly audits were completed by the person in charge and again checked by the provider's senior management team members. These systems demonstrated that there were appropriate oversight practices in place. Areas that required improvement were added to a quality improvement plan. The inspector reviewed this and saw that, for the most part, actions relating to IPC had been addressed promptly. There were some actions that had yet to be completed, and these will be discussed in the Quality and Safety section of the report.

As mentioned above, the review of records demonstrated systems in place to ensure that the service was clean. There were day and night duty cleaning tasks and enhanced cleaning practices for certain parts of the residents' home.

Inspectors found that the provider had developed policies and procedures regarding IPC. These policies were in date. Policies were also developed in response to the COVID-19 pandemic, which reflected best practices.

Inspectors found that the provider had developed a well-prepared contingency plan. The plan clearly outlined appropriate responses to an outbreak of infection or other emergencies. The plan listed appropriate practices relating to identifying, managing, and controlling potential outbreaks.

There was a recent outbreak of the COVID-19 virus among some residents and staff members. The residents that tested positive had been supported to isolate as per their care plans, and this had reduced the spread of the virus. The person in charge had completed a review of the outbreak. Documenting which strategies had proved successful and identifying areas that required improvement.

The review of information found that effective information sharing regarding IPC was taking place. The provider and person in charge had also supplied staff with up to date information regarding the COVID-19 pandemic. A COVID-19 lead was identified each day. The lead carried out symptom checks with staff members. They

ensured that all staff were aware of and followed appropriate IPC practices.

The inspector interacted with both staff members that were supporting the residents. The inspector spoke with one of the staff members about IPC practices. The staff member described the steps taken in response to the outbreak and demonstrated that the response was in line with guidelines at the time of the outbreak. The staff member also informed the inspector of risk control measures that were in place to ensure that IPC practices were appropriate.

The inspector reviewed a sample of staffing rotas and found sufficient staffing levels in place; the review also showed that the staff team was consistent. It was also found that staff members had been provided with appropriate training relating to IPC practices.

Overall, the inspector found systems that ensured IPC practices were appropriate.

Quality and safety

The person in charge supported the inspector to review the premises. Improvements were required to two bathroom areas. The grouting was damaged and needed replacing. This impacted the staff team's ability to clean the areas effectively. The inspector also observed chipped tiles in one bathroom; the area could not be cleaned appropriately due to the damage. The inspector notes that the provider had identified these issues as part of their audits and that there was a plan in place to address the issues with the provider's maintenance team.

During the walk through the kitchen area, the inspector observed that the chopping boards used to prepare residents' meals were damaged due to regular usage. This again impacted the staff team's ability to clean the surfaces effectively. This was brought to the attention of the person in charge, who addressed the issues and replaced the boards.

The inspector notes that the care to residents was provided in a clean and safe environment that minimised transferring healthcare-associated infections. There were arrangements in place for cleaning and disinfecting of the premises. The staff team had access to detailed information regarding decontamination and cleaning practices. The review of the existing practices regarding the management of residents' laundry demonstrated that it was appropriate. Staff members and the person in charge also confirmed the arrangements with the inspector.

The inspector reviewed a sample of residents' information; individual support plans had been developed for residents in response to the COVID-19 pandemic. These plans outlined how best to support each resident. They had been reviewed and updated following the recent outbreak in the service. There was also evidence of residents being supported to access allied healthcare professionals when required.

Risk assessments had been developed regarding IPC issues. These were under regular review and contained appropriate control measures. The inspector observed that the risks assessments had been updated following the recent outbreak.

The person in charge and a staff member discussed isolation plans for the residents. The inspector reviewed the care plans and found some enhancements required to one resident's isolation plan. While staff members and the person in charge informed the inspector of the plan, there was limited guidance on the steps to follow if the resident did need to isolate. The person in charge stated that this would be promptly addressed.

There were systems to test and record signs and symptoms of infection in line with national guidelines for residents, staff members, and visitors. This was completed to facilitate prevention, early detection and control the spread of possible infections. As noted earlier, staff had access to appropriate PPE. There were also adequate supplies of appropriate PPE.

While the inspection found that some improvements were required, the inspection found that IPC practices were overall appropriate.

Regulation 27: Protection against infection

The provider had adopted a number of procedures in line with public health guidance in response to infection prevention and control. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control.

Notwithstanding these measures, infection control risks were identified. Inspectors found that the issues with the premises had impacted the provider's ability to employ effective infection prevention and control practices. There was damage to grouting and tiling in two of the residents' bathrooms. These areas could not be appropriately cleaned.

There were also some minor enhancements required to guidance documents.

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 Ard Na Rithe OSV-0005511

Inspection ID: MON-0035846

Date of inspection: 14/03/2022

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>S; The 2 en-suite bathrooms will be completely refurbished with new flooring and replacement of tiles on walls. The grouting will be replaced with new grouting.</p> <p>M; the PIC will liaise with the Maintenance Supervisor to ensure completion of same. This will be documented through e mails</p> <p>A; The job has gone out to tender (4.04.22)</p> <p>R; The Management team has agreed to fund the works required</p> <p>T: the en-suite bathrooms will be completed by 30.06.22.</p> <p>One residents Covid plan has been updated on the 14.03.22 to reflect step by step guidelines on isolation in the event of him getting Covid. Completed by PIC</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	30/06/2022