



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

## Issued by the Chief Inspector

Name of designated centre:	Whitmore Lodge
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	19 May 2022
Centre ID:	OSV-0005811
Fieldwork ID:	MON-0035813

## About the designated centre

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

Whitmore Lodge is an eight bedroom unit situated on a campus based setting in Co. Louth. The centre can support eight male and female adults who require nursing support due to changing medical needs. The centre is nurse led 24 hours a day. Health care assistants also play a significant role in supporting residents here. There are six staff allocated to work during the day with residents and three staff at night time. Household staff also work during the day. The person in charge is a qualified nurse and although they are responsible for one other centre, there is a clinic nurse manager in place to assist with the oversight arrangements in place. Residents are supported to access community facilities in line with their assessed needs. A bus is available to residents. Other activities are available in the centre which includes reflexology and music therapy. This centre has also been approved as a learning environment for student nurses.

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

Number of residents on the date of inspection:	8
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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
Thursday 19 May 2022	09:30hrs to 17:00hrs	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 there. The inspector observed that residents were treated with dignity and respect at all times. Staff were observed listening to their needs and responding to them. One resident was clearly able to advocate for themselves and was observed directing staff about particular preferences they had during the day. Staff were observed supporting the resident who wanted to go out for a coffee and a drive.

The centre is located on a large campus based setting. The building which is an old building was converted for use by the provider as an interim measure while the provider was sourcing a purpose built community home for these residents. The centre is attached to other areas of service provision under the remit of the provider. The centre comprises of, an entrance area, eight bedrooms, an office, clinic room, kitchen, dining/sitting room, a coffee dock area, conservatory, two large bathrooms, a laundry room and a small communal room that is used for a number of activities for the residents. The conservatory leads onto a decking area and garden which the residents enjoy taking care of.

All of the residents have their own bedrooms which were clean, personalised and had storage space for the residents' personal possessions. Each residents bedroom door had transfers on their doors which transformed their bedroom door to look like their own front door. Each resident had a different colour door which depicted a sense of ownership that this was their space and also changed the ambiance of the setting from a clinical setting to a more home like setting. One resident had created a 'graffiti wall' in their bedroom depicting some of their favourite television characters. This resident loved spending time in their room and watching television. They told the inspector that they liked living here and liked the staff. They showed the inspector a visual plan/schedule that had been set up for them to support them with one recommendation made by a dietician. The resident was smiling and agreeing with staff when they were explaining this visual plan/schedule to the inspector.

Assistive aids were installed in the centre. For example; handrails on the corridors were red to support one resident who was visually impaired. The bathrooms had assistive baths and showers. Shower chairs and hoists were also available to support residents with mobility issues. This equipment was cleaned after each use and weekly visual checks were conducted to ensure that they were clean and maintained in good working order. Where issues with the equipment were identified they were

responded to. For example; at the time of the inspection one hoist required a new battery. Staff spoken to were aware of this and also what arrangements were in place in the interim to address this.

The inspector also found that other clinical equipment such as suction machines, a defibrillator, first aid kits and oxygen tanks were also checked weekly to ensure that they were clean, contained all the appropriate equipment and were in working order.

For the most part, the centre was clean, particularly the residents rooms and communal areas. However, some areas such as the floor in the clinic room and window area were dusty and needed to be cleaned. The kitchen was old and some of the presses were broken. Other areas which needed to be addressed are discussed further on in this report. The inspector also observed that the vehicle needed to be cleaned on the day of the inspection. There was some confusion about who was responsible for overseeing this. For example; the staff thought they were responsible, however, senior managers reported that all buses could be cleaned by external contractors. This needed to be reviewed to ensure clear lines of accountability in the centre.

There was insufficient storage areas in the centre particularly in the clinic room. Most of the storage issues had been highlighted through the providers own monitoring and auditing practices in the centre and, while these issues had been escalated to senior managers within the organisation, they had not been addressed at the time of the inspection.

There was numerous hand sanitisation points throughout the building and all sinks had a supply of soap and disposable towels. Staff were observed using these as they moved from room to room. All of the staff spoken with informed the inspector of 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.

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.

A COVID-19 lead was appointed on the day of the inspection. As this centre is a learning environment for student nurses, a fourth year student nurse was appointed as the COVID-19 lead for the day under the supervision of the staff nurse.

This 'COVID lead' monitored the management of COVID-19 infection control practices. The inspector met with this staff member who was very knowledgeable about the IPC measures in place to minimise the risk of COVID-19 in the centre. For example; they were responsible for ensuring that staff ensured good infection prevention control practices such as checking each morning that staff had short sleeves, no jewellery and no nail varnish/false nails. This is a standard IPC measure and all staff were observed to be complying with this on the day of the inspection.

The inspector observed however, that one staff member was not wearing an FFP2

mask in line with national guidance on the wearing of personal protective equipment (PPE) at the time of inspection. While this staff was not involved in any personal care activities with residents, the inspector was not assured that this was appropriate. Although the matter had been reported to relevant personnel within the organisation prior to this inspection, it had not been risk assessed, expert advice had not been sought on the matter and therefore the inspector was not assured that this was a safe practice. On the day of the inspection, the person in charge sought expert advice on the matter and assigned the staff member to conduct administration work only until this expert advice could be reviewed and actioned if necessary.

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 in the residents best interests. Residents were also informed regarding COVID-19 via easy to read information which was discussed at residents meetings.

There were measures in place regarding food safety. Chopping boards were colour coded and, food was stored appropriately in the fridge. Any food that had been opened was labelled and dated with the day the food was opened. Food was delivered to the centre from a centralised kitchen. All of the cooked food supplied was probed with a thermometer to ensure it was at the correct temperature before serving it to the residents. Records were maintained regarding this and the staff responsible for this was aware of the correct temperatures to be maintained. Systems were also in place to ensure that the temperature of the fridge and medication fridge and were checked daily.

The kitchen was observed to be clean, as was the fridge, storage presses and kitchen utensils. However, some of the kitchen presses were chipped and in general the kitchen needed to be updated. The inspector was informed that provider had plans to install a new kitchen in the coming months.

Two household staff were employed in the centre and were responsible for cleaning and general tidiness. The inspector found that, there were some examples of good practices in environmental hygiene such as colour coded mops and buckets being used and stored in a dry covered area. Staff were aware of the required cleaning agents and colour coded mops and buckets to be used when cleaning specific areas of the centre. There was also written guidance for this in the infection control folder for the centre. The staff also said that each residents' bedrooms were cleaned every morning along with specific touch points like door handles.

There were a number of complaints recorded in the centre which had been made on behalf of the residents by the staff team. While none of the complaints related to IPC measures, they did relate to residents having access to activities in the centre which were important to them. The inspector found that in some instances this was very limiting to the residents and impacted on their rights. While the registered provider was in the process of purchasing two new vehicles it was likely that this

would take a number of months to be completed. A system needed to be developed in the interim to ensure that residents could be facilitated with this right.

In addition the grounds of the centre required attention as there were numerous potholes, which impacted on the residents ability to go on comfortable walks on the grounds. This could potentially impact the emotional and social care needs of the residents not being met.

The inspector reviewed some feedback from family members and the residents which was collected as part of the providers annual review report. Overall the feedback was positive. Families stated that they were very satisfied with the care provided, received regular updates from staff members and some rated the service as excellent. However, some highlighted that transport can be an issue. The residents said they too were happy, liked living there and having access to the garden.

## Capacity and capability

Overall, the inspector observed that the staff team for the most part maintained good standards of infection prevention and control measures (IPC). However, ongoing issues with the upkeep of the premises, storage facilities and the adherence to all public health guidance required significant review as it posed an infection control risk in the centre. The following 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.

The provider had a policy in place to guide practice on infection prevention control. The person in charge had also a range of standard operating procedures specific to this centre available in hard copy for staff to reference. There were also a comprehensive list of standard operating procedures in specific areas relating to IPC to guide staff practice which could be access via a computer. Some of the standard operating procedures included procedures to manage Percutaneous Endoscopic Gastrostomy (PEG) feeds, the management of waste including household waste and clinic waste, and the decontamination of the environment and aids such as hoists. 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 healthcare related infections. Additionally, information was also available on how such healthcare related infections were transmitted and the precautions to be taken.

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 and as already stated; there was



an assigned staff member each day in the centre to manage COVID-19 precautions.

The provider had a senior management committee to oversee IPC arrangements. This committee included a clinic nurse specialist in health promotion who delivered some training and support to staff. There had been an outbreak of COVID-19 in the centre in March 2022. The person in charge had conducted a review following this outbreak to assess whether there was any further learning from this event which could be shared with the staff team and the wider organisation and improve practices going forward.

The staff met with, reported that they had felt supported during the outbreak of COVID-19 by the CNM1, person in charge and senior management team. They also spoke about how residents were supported during this time to self isolate and minimise the risk of cross contamination. For example; appropriate PPE had been worn, specific staff had been assigned to only work with residents who had tested positive. There was an assigned area for donning and doffing PPE.

Staff were kept informed of changes to practices in IPC measures specifically in relation to COVID-19. Written updates were provided via email and changes were discussed at the 'safety pause' in the morning. However, some improvements were required to this arrangement as the requirement to wear FFP2 masks at all times in the centre was not in line with the current national guidelines and this had not been risk assessed appropriately at the time of this inspection. As stated earlier although the matter had been reported to relevant personnel within the organisation prior to this inspection, it had not been risk assessed, expert advice had not been sought on the matter and therefore the inspector was not assured that this was a safe practice. On the day of the inspection, the person in charge sought expert advice on the matter and assigned the staff member to conduct administration work only until this expert advice could be reviewed and actioned if necessary. The person in charge submitted written assurances after the inspection outlining how this was being addressed going forward to assure safe practices for the staff and residents.

It was also noted that staff needed clearer direction in the centre about who was responsible for cleaning the vehicle in the centre as there was confusion about this on the day of the inspection.

The provider had systems in place to monitor and review IPC measures in the centre. Audits were conducted to ensure good practices were maintained. The staff were aware of these audits and the improvements identified from them. For example; a number of audits had highlighted that storage was an issue in the centre. Staff were aware of this and were awaiting direction from senior managers to address this. 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. This included contingencies for the management of staff absences during and outbreak of COVID-19.

Staff had been provided with training in a suite of infection control training including hand hygiene, donning and doffing of personal protective equipment, food safety

and infection control measures and of the four staff met they were knowledgeable about IPC measures in the centre to protect the residents and staff.

## Quality and safety

Overall, the inspector observed that the staff team for the most part, maintained good standards regarding infection prevention and control. Individual COVID-19 personal plans were in place for each resident and, as residents had their own bedrooms they were able to isolate in them during the outbreak. However, as outlined throughout this report a number of improvements were required.

Residents had personal plans in place which included a comprehensive assessment of need. However, one viewed had not been updated in the last year which is required under the regulations. 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 tetanus. However, some of these records needed to be updated to include the most recent COVID-19 vaccinations and influenza vaccinations that the residents had received.

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. In relation to IPC measures the staff were very knowledgeable around areas like the use of nebulisers and wound care management including aseptic techniques to be followed when required.

Residents had hospital passports in place which outlined the supports they would require should they have to move to another health care facility. 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. The contact details included in the passport also needed to be updated to ensure that the staff members who knew the resident well were contacted should the resident require support with decisions being made about their care and support in acute hospital settings.

There was adequate supplies of PPE stored in the centre. This reduced the risk of cross contamination. The provider had systems in place for the management of clinical waste. A sharps box was available in the centre for the disposal of needles and relevant procedures were in place to guide staff practice.

As stated the property was for the most part clean and maintained to a good standard particularly most of the communal areas for residents and their bedrooms. There were two laundry rooms in the centre one for clean linen and one for dirty linen. Most of the laundry was sent to a centralised laundry on the wider campus. Staff went through the procedures for managing/separating residents clothes and preparing them for going to the laundry. Staff were aware of the correct temperature of the wash cycle and of the requirement to wear gloves and aprons

when handling laundry. They were also aware of the procedures to follow to manage soiled linen in the centre.

However, there were a number of improvements required to the premises all of which posed an infection control risk. The majority of these issues had been identified through audits conducted in the centre, but they had not been addressed in a timely manner.

These included but are not limited to the following:

- the dirty linen area in the centre needed to be addressed
- the plaster was cracked, damp and peeling significantly around the window area
- some of the floors were damaged and needed to be repaired or replaced. This included the clinic room floor and the floor in the conservatory
- two couches in the entrance lobby and chairs in the conservatory area were worn and frayed
- some of the press doors in the kitchen were chipped. The provider was instigating plans to install a new kitchen
- there were small gaps/holes on the walls of the bathroom that needed to be addressed
- the 'clean area' where staff changed before a shift was cluttered untidy and the adjacent shower room needed to be cleaned. This shower room was used by staff if there was an outbreak of COVID-19 in the centre
- the plaster was peeling in numerous other areas of the centre
- high reach areas were not dusted
- storage facilities in the centre were also inadequate which meant that the clinic room was cluttered untidy and items were stored on the floor. Items not in use which were old and rusted were also been stored there due to the lack of storage in the centre.

The inspector reviewed a number of IPC related checklists and audits which informed that cleaning activities were being undertaken on a regular basis by staff working in the centre. These covered routine cleaning tasks such as regular cleaning of the floors and resident's bedrooms, but also included schedules for weekly deep cleaning tasks and daily touch point cleaning and disinfection, in order to support the prevention of infection transmission.

## Regulation 27: Protection against infection

Improvements were required to the IPC measures which included the following:

- on the day of the inspection one piece of PPE worn by a staff member was not in line with current public health guidelines and this had not been appropriately risk assessed at the time of the inspection
- the systems in place to ensure that staff were kept up to date fully with one

area of responsibility including cleaning the bus was unclear

- storage facilities in the centre were inadequate which meant that the clinic room was cluttered untidy and items were stored on the floor. Items not in use which were old and rusted were also stored there due to the lack of storage in the centre.

There were a number of improvements required to the premises all of which posed an infection control risk. The majority of these issues had been identified through audits conducted in the centre, but they had not been addressed in a timely manner.

These included but are not limited to the following:

- the 'dirty linen' area in the centre needed to be addressed. The plaster was cracked, damp and peeling significantly around the window area
- some of the floors were damaged and needed to be repaired or replaced. This included the clinic room floor and the floor in the conservatory
- two couches in the entrance lobby and chairs in the conservatory area were worn and frayed
- some of the press doors in the kitchen were chipped. The provider was instigating plans to install a new kitchen
- there were small gaps/holes on the walls of the bathroom that needed to be addressed
- the 'clean area' where staff changed before a shift was cluttered untidy and the adjacent shower room needed to be cleaned. This shower room was used by staff if there was an outbreak of COVID-19 in the centre.

The hospital passport for residents needed to be updated to include the residents level of understanding with words spoken to them. It also needed to be updated to ensure that the contact details of the centre were included so as acute hospital staff knew who to contact in the event of the resident requiring support around medical decisions.

Some records needed to be reviewed. The assessment of need did not include the most up to date information regarding the vaccination history of the residents.

One assessment of need had not been updated in the last year. This is a requirement under the regulations.

Residents at times had limited access to activities outside of the centre, this could impact on the emotional and social needs of the residents.

Judgment: Not 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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for Whitmore Lodge OSV-0005811

Inspection ID: MON-0035813

Date of inspection: 19/05/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The clinical room has been cleaned; all excess stock items were rearranged to ensure they are stored properly. The floor &amp; window were cleaned.</p> <p>Kitchen upgrade list of works have being identified and has been sent to external contractors as part of the tendering process through the procurement process.</p> <p>The vehicle was cleaned on the day of inspection. Drivers of the vehicles are aware of the cleaning schedule that is included as part of the drivers vehicle checklist. It is the responsibility of the vehicle driver to ensure the vehicle is clean after each journey. External valeting service is also available to the Designated centre to have the vehicle cleaned a schedule for valeting will be developed.</p> <p>Additional storage areas are being allocated throughout the Designated centre. These areas will be specifically used for storing of medical equipment, excess PPE, wheelchairs and other such items.</p> <p>Public health advice was sought on the day of inspection in relation to the staff member not wearing a FFP2 mask. Public health advice was that the staff member wears a surgical mask instead of the FFP2 mask. The risk assessment is being updated in line with new public health guidelines issued on 23/05/2022</p> <p>Engineers reviewed the walkways that require repairing outside. Areas have being marked and works have commenced on these repairs.</p> <p>Resident health assessment has been updated by their keyworker to include the vaccination status of the resident.</p>	

Resident hospital passport has been updated by their keyworker to outline the residents level of understanding and communication supports

A list of works for the laundry area, bathrooms and staff changing areas have being identified and these will be reviewed in the overall maintenance works for the designate area.

High dusting is included on the house cleaning schedules and appropriate equipment for doing this is available to housekeeping staff.

All unused equipment has being removed and additional storage has being sought for these area



## 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.	Not Compliant	Orange	30/09/2022