



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

Issued by the Chief Inspector

Name of designated centre:	A Canices Road
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Unannounced
Date of inspection:	14 January 2022
Centre ID:	OSV-0002332
Fieldwork ID:	MON-0035436

About the designated centre

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

'A Canices Road' is a designated centre operated by St Michael's House, located in North County Dublin. It provides community residential services to six adults who have varied support requirements. The centre is a two-storey house comprising a living room, kitchen/dining room, utility room, three bathrooms, an office and six bedrooms. There is a well maintained enclosed garden to the rear of the centre with a garden room. The centre is located close to local shops and transport links. The centre is staffed by a person in charge and social care workers. The staff team have access to nursing support through a nurse on call service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 14 January 2022	09:30hrs to 16:00hrs	Amy McGrath	Lead
Friday 14 January 2022	09:30hrs to 16:00hrs	Michael Muldowney	Support

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation. This inspection was unannounced. The inspectors met and spoke with the person in charge and staff members who were on duty throughout the course of the inspection. The inspectors also met with all of the six residents who lived in the centre and spoke with some. Residents did not communicate their views on the infection prevention and control practices in the centre. Inspectors observed residents in their home as they went about their day, including care and support interactions between staff and residents.

'A Canices Road' is a large two-storey home located in a busy suburb. The ground floor of the premises comprises a kitchen and dining area, sitting room, utility room, six bedrooms, and a large main bathroom. The first floor comprises two bedrooms, a bathroom and the staff office. The garden area was recently renovated and was found to be a very inviting space for residents to use. There was also a garden room at the back of the garden for residents to use if they wished. Two of the residents bedrooms had en-suite bathroom facilities. The person in charge was not on duty on the day of the inspection but chose to come into the centre to meet inspectors for a short time. Inspectors were accompanied by a staff member during a walk-around of the premises at the start of the inspection.

There were detailed cleaning and housekeeping checklist in place, and staff were seen to be familiar with the schedule of housekeeping. In general, the premises was clean and tidy. There were some areas that required a deeper clean, such as the utility area. The premises was well decorated and furnished. Some furniture and fittings were well worn and needed to be repaired or replaced. Some soft furnishings needed to be cleaned. This is described in further detail later in the report. Residents' bedrooms were decorated in accordance with their own tastes and preferences and contained personal items such as photographs and personal ornaments.

At arrival to the designated centre, inspectors were met by a member of staff who took inspectors' temperatures. Inspectors observed staff wearing personal protective equipment (PPE); however, the PPE (face masks) was not in line with national guidance. The person in charge later told inspectors that the appropriate (PPE) had been ordered and the designated centre was awaiting its delivery. The provider later also informed inspectors that the required PPE was due for arrival the following week.

Inspectors observed staff interactions with residents to be warm and personal. Staff demonstrated a very good understanding of the residents' care and support needs, and residents appeared comfortable and relaxed in staff company. Throughout the inspection, inspectors observed staff to respectfully remind and prompt residents about standard precautions such as following good cough etiquette, maintaining

social distance where possible, and on the appropriate use of PPE. The premises had been recently painted and inspectors observed printed information and guidance on infection prevention and control that had been displayed in the centre prior to the paint work.

Residents were supported by a team of social care workers. The team were also responsible for the day-to-day cleaning of the centre. Inspectors spoke to staff members about the cleaning arrangements and found that they were familiar with regards to the the arrangements and relevant procedures. Inspectors observed the staff using colour coded cloths and mops to reduce the risk of cross contamination of infections. On the day of inspection, a storage unit was delivered to the centre to store mops and free up space in the utility room.

Inspectors found that access to hand-sanitiser and personal protective equipment was not readily available throughout the premise, for example while hand-gel was available at the front door, staff were required to enter the kitchen area to avail of minimum required PPE. There were facilities in place for the management of waste, including general waste, recycling and the disposal of medicines. This is described later in the report. There was a clinical sink in the kitchen area; the grout around the tiles required cleaning. One resident's bedroom required additional storage facilities to prevent items being stored on the floor.

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.

Capacity and capability

Despite some positive practices and arrangements identified during the inspection, overall, inspectors found that the governance arrangements were insufficient in effectively protecting residents from the risk of infection. There were a range of policies and procedures in place to guide infection control practices, however it was found that these weren't consistently implemented, and some guidance in use was found to be based on national guidance that had changed in subsequent updates. The provider had not supplied the centre with the correct face masks to wear in line with prevailing health guidance at the time of the inspection. The provider informed inspectors that a supply of the required PPE was to be delivered the following week. Notwithstanding, the provider had failed to adequately assess the risk posed to staff and residents and consequently had not implemented a suitable temporary control measure.

The centre was fully staffed by a team of social care workers and managed by a person in charge. In addition to their primary roles, the staff team were responsible for the cleaning of the centre and for other tasks such as supporting residents with cooking meals and washing their clothes. All staff working in the centre had completed training in hand hygiene and COVID-19. This training was completed

every six months. Staff were observed to adhere to cleaning arrangements in the centre such as using the correct colour-coded mops and cloths. Staff members also explained to inspectors the rationale for the colour coded products and the use of appropriate cleaning products. Staff were knowledgeable with regard to standard precautions. Staff members were also able to explain to inspectors the signs and symptoms of COVID-19 and were aware of the procedures to follow and who to contact in the event of an outbreak.

The provider had prepared policies and procedures to guide staff in prevention and control of infections. There were also guidance documents and information available to staff and residents in relation to COVID-19. Inspectors found that some of this information required review, for example, the 'protocol for wearing a mask' referred to 'medical face masks' and did not specify the type of face masks that were recommended by public health guidance. The public health guidance on visitors observed in the COVID-19 folder was not the most current version.

The provider had a COVID-19 management team that would convene in the event of an outbreak in the centre. There were also arrangements in place for emergency access to PPE. At a centre level, there was no identified infection prevention control lead to lead and guide the team on infection prevention and control matters. The inspectors requested to view the provider's self-assessment of infection control measures (issued by the Chief Inspector in September 2021); this was not available on the day of inspection but was later submitted to inspectors.

While there were some documents available to outline the measures to be taken in the event of a COVID-19 outbreak, the outbreak management plan required further detail and refinement. The plans reviewed during the inspection did not include arrangements for enhanced cleaning in the event of an outbreak or information about where staff would 'don' and 'doff' PPE. An additional document with this information was submitted to the inspectors following the inspection. Further consideration was required with regard to staff contingency arrangements in the event of an outbreak.

There were procedures in place to record staff temperatures twice during their shift and residents' temperatures daily. There were also procedures for recording visitors' temperatures. Inspectors reviewed the temperature logs for the month of January 2022 and found that temperatures were not always recorded as outlined in the provider's guidance documents. In addition, while staff members were aware of the procedure to be taken in the event of a high temperature, they were not clear on what temperature constituted a 'high' temperature.

There was a weekly checklist of personal protective equipment, although inspectors found that it was not completed every week. Furthermore, the checklist was not updated in line with changing guidance and could not reliably identify if the appropriate PPE was available in the centre.

Regular staff meetings were taking place and there was a standard agenda that covered infection prevention issues; however inspectors reviewed the staff meeting minutes and found that the standard agenda was not followed, and discussions

around infection prevention were not recorded. The centre used a 'handover book' for staff to share relevant communication messages and inspectors observed COVID-19 matters to be referred to frequently. There were arrangements for the ongoing oversight of safety and quality in the centre, such as the annual review and unannounced audits carried out every six months. These audits referenced some infection prevention and control measures (largely related to COVID-19) however, monitoring of infection prevention and control practices needed further attention. For example, an infection control and hygiene audit was last carried out in 2017, and consequently some quality improvement opportunities had not been identified by the provider.

Quality and safety

While there were some areas of good practice noted in the local implementation of infection prevention and control procedures, it was found that improvement was required to ensure residents received care in a safe and clean environment that minimised the risk of acquiring a healthcare-associated infection. Inspectors found that residents were provided with appropriate information and were involved in decisions about their care to prevent, control, and manage healthcare-associated infections.

Residents received accessible information on the COVID-19 vaccine and infection prevention and control was a regular topic discussed at weekly residents' meetings. There was also accessible information displayed on effective hand hygiene. Other signage relating to infection prevention and control was taken down during recent painting works. Inspectors observed staff respectfully reminding and prompting residents about standard precautions such as using personal protective equipment when out in the community, washing hands, and adhering to social distancing where possible. Residents also attended an information session in 2020 on effective hand hygiene. All residents had an individual COVID-19 'isolation plan' in the event that they were required to isolate or restrict their movements. The plans were very personalised and provided clear guidance on the supports that resident would require if they were to isolate. There were also individualised risk assessments related to COVID-19 on areas such as visiting arrangements. In addition to COVID-19 plans, the person in charge had ensured that there were specific plans and procedures in place to prevent the transmission of other infections such as fungal infections.

While the premises was generally clean and tidy, some areas of the premises were not conducive to a safe and clean environment. In the main bathroom, inspectors observed there to be some cracked tiles and the foot-pedal-operated bin had no bin liner. A clothes horse was observed in the main bathroom drying residents' clothes and mop heads. The radiator in the upstairs bathroom was rusted in areas, and therefore could not be properly cleaned. The shower heads in some bathrooms had significant lime scale build up and the surfaces of the sink plug holes in some hand

wash basins were extremely corroded. Some cupboards in the kitchen were damaged and the veneer was peeling or cracked in areas, which presented an infection risk as they could not be properly cleaned.

There was good guidance for staff on the appropriate cleaning of the centre. There was also cleaning schedules identifying areas of the house to be cleaned and the persons responsible. However, the cleaning schedule required enhancement as it did not include some areas, such as the utility room.

The utility room was a narrow space and inspectors observed it to be cluttered and unclean in areas. The counter tops were chipped in places and cluttered with cleaning and laundry items; inspectors observed a foot-pedal bin stored on the counter top. The provider assured inspectors that the kitchen was to be renovated in the coming weeks. The sink in the utility room was damaged from lime scale and therefore could not be cleaned properly. A new sink and counter had been ordered. Clean and dirty laundry was stored in close proximity to each other and some laundry was observed on the floor posing a risk of cross contamination. There was no hand soap available in the utility room and the soap dispenser was dirty. The cupboard containing the boiler and the fan were dirty with a build up of dust. The flooring was observed to be compromised in some areas of the kitchen and utility room.

The sitting room and dining areas were bright and clean. Inspectors found residents bedrooms to be bright, and nicely decorated. Most of the bedrooms were spacious and provided adequate storage; however, the storage in one bedroom was limited and some of the residents property was stored on the floor. In another bedroom, a foot stool was observed to be stained and the veneer of a storage unit was damaged which meant that it could not be effectively cleaned. Mildew was observed on the windows and double exit doors in one residents bedroom. This was an-going issue and was previously reported by the person in charge for address.

The outdoor space and garden area had been recently renovated and inspectors observed it to be an inviting and accessible space for all of the residents to use. A garden room had been recently installed to provide additional living space for residents. The room was nicely decorated and furnished with bright seating for receiving visitors. Some of the sofas in the room were stained and required cleaning to reduce the risk of transmission of infection. The centre has its own vehicle to transport residents. A cleaning check list was in place to ensure the interior was cleaned after each use. Some areas of the vehicle required a deep clean to remove ingrained dirt and debris.

There were facilities for general and clinical waste reception. There were facilities for hand-washing in the kitchen and bathrooms, and hand gel was available in some areas of the home. The location of PPE and hand sanitiser was not optimal. There was hand-gel located at the point of entry to the house however essential PPE was stored in the kitchen which required staff to fully enter the home to access it. Given the ongoing risk of COVID-19 it would be of benefit to have further points identified

to access hand-gel. Most hand-gel was stored in individual bottles which were sometimes difficult to locate.

Regulation 27: Protection against infection

Systems and resources in place for the protection against infection in the centre were not adequate. Practices were not fully consistent with national standards for infection, prevention and control in community services. Whilst inspectors did identify several good practices, the areas for improvement posed a risk to safety of residents in the centre from exposure to infection. These include;

- Staff did not have access to the appropriate type of face masks in accordance with prevailing health guidance.
- Some areas of the premises were unclean and required a deep clean, in particular the utility room.
- The furniture and fixtures in some rooms needed to be repaired or replaced to facilitate effective cleaning, for example kitchen cabinets, armchairs, counter tops and bathroom tiles.
- Some local practices were not conducive to good infection control precautions for example, hand-sanitiser was not readily available throughout the house, some bins did not have bin liners, and the storage of laundry required review to ensure clean and dirty laundry were stored appropriately.
- The public health guidance maintained in the centre was not the most up to date and some local guidance documents had not been updated to reflect updated national guidance.
- There was no infection prevention and control lead identified in the centre.
- Procedures to reduce the likelihood of transmission of infections were not consistently implemented, such as the temperature checks of staff and residents.
- Personal protection equipment checklists were not completed consistently and did not include all required items of PPE.
- The monitoring systems in place were not effectively identifying ongoing infection control risks in the centre (outside of specific COVID-19 risks) - an infection control audit had not been carried in the last four years.
- Staff team meeting records required enhancement to demonstrate that relevant information was being discussed and shared.
- The outbreak management plan required review to ensure it could be effectively implemented in the event of an outbreak and covered key areas such as staff contingency planning in sufficient detail.

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for A Canices Road OSV-0002332

Inspection ID: MON-0035436

Date of inspection: 14/01/2022

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> <ul style="list-style-type: none">• Following the day of inspection the registered provided each designated centre with a supply of FFP 2 masks. In addition the organisational policy on PPE was updated and circulated for guidance to all frontline staff members.• The utility room was deep cleaned and additional storage was sourced• The kitchen was fully refurbished• Hand sanitizer is available throughout the centre• Public health guidance is printed as made available to guide staffs practice and is located in the COVID 19 folder onsite• There is an infection prevention and control lead identified on each shift and outlined on the staffs planned and worked rosters. Furthermore, there is a guidance document for all staff pertaining to the duties to be carried out for the infection prevention and control lead.• All staff complete their temperature checks in line with organisational policy and a record is maintained for review within the centre. The PIC will bring IPC up as a standing agenda at all staff meetings.• An infection control audit was not complete within the centre due to constraints due to COVID 19. An audit has been requested by the organisations Clinical Nurse Specialist in infection control and will be completed in line with organisational scheduling.• The outbreak management plan was reviewed by the PIC and will be reviewed on an on going basis based on most up to date national guidance.	

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	30/06/2022