



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

## Issued by the Chief Inspector

Name of designated centre:	Cara
Name of provider:	St Michael's House
Address of centre:	Dublin 17
Type of inspection:	Unannounced
Date of inspection:	18 November 2022
Centre ID:	OSV-0002349
Fieldwork ID:	MON-0035587

## About the designated centre

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

Cara is a purpose-built residential home for adults with an intellectual disability, dementia and/or a life-limiting condition. The building comprises a residential unit, memory clinic, and an administration area. These are arranged around two internal landscaped courtyards. The centre has been designed to allow safe freedom of movement within the building. The building and courtyards are fully wheelchair accessible. The courtyards have been designed to integrate sensory gardens with scented plants, water features, contrasting colours/textures, a swing, pergolas, gazebo and other features. These courtyards can be used as outdoor rooms. The sitting room and living room are located in the southern side of the building to avail of sunshine and the rear garden, which is fully landscaped with a meandering walkway around the gardens. Daylight is a constant feature of the design. The glazing to the courtyards and strategically placed roof lights allow sunshine to penetrate deep into the building.

The staff team in Cara includes clinical nurse managers, staff nurses, care staff, domestic staff and a cook.

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

Number of residents on the date of inspection:	10
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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
Friday 18 November 2022	10:00hrs to 17:00hrs	Jennifer Deasy	Lead

## 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 (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. The inspector had the opportunity to meet with most of the residents on the day of inspection. Most residents engaged briefly with the inspector but choose not to speak in great detail regarding their experiences of living in Cara. The inspector also had the opportunity to meet and talk to some family members of residents who were visiting the centre. The inspector wore a face mask and maintained social distancing as much as possible during interactions with residents, visitors and staff.

The inspector saw, on arrival to the centre, that it was clean, tidy and well-maintained. The inspector saw that all staff, including the provider's bus drivers and maintenance team were wearing appropriate face masks while working in the designated centre. The person in charge was not on duty on the day of inspection however there was a nominated shift lead who was familiar with the lines of authority for the centre. The shift lead made contact with the service manager who attended the centre in the afternoon to support the inspection.

There was signage at the front door reminding visitors of COVID-19 symptoms and of how to reduce the risk of transmission of infection. The inspector saw that there was suitable availability of wall-mounted hand sanitising stations throughout the centre. Staff were seen to make use of these sanitising stations throughout the day.

A housekeeping staff was employed for the designated centre. They were working on the day of inspection and showed the inspector the measures that they had in place to reduce transmission of infection. These included using colour-coded cloths and mops. The housekeeping staff also outlined the additional measures they take to reduce the risk of an outbreak when there was a confirmed case of COVID-19. This included regular disinfecting of touch points throughout the centre.

The inspector completed a walk around of the centre with the shift lead staff member. The inspector saw that each resident had their own bedroom. Bedrooms were decorated in a personalised manner. There was a shared bathroom for each two bedrooms as well as an additional bathroom with a water jet bath. The inspector saw that bathrooms were very clean. Maintenance upgrades had been completed to some of the bathrooms, subsequent to the last inspection for example, broken tiles had been repaired. There were aprons and gloves available in bathrooms for support with personal care. Soap and disposable paper towels were also available for handwashing.

There were minor issues in some residents' bedrooms which presented a risk of infection. For example, the laminate cover was peeling off of one resident's bed

frame. This meant that it could not be effectively sanitised. These issues will be discussed in more detail in the quality and safety section of the report.

The inspector saw that residents appeared comfortable in their home. Residents were seen relaxing in their bedrooms and engaging in their preferred activities. For example, one resident enjoyed watching planes come and go from the airport through their binoculars. Other residents were seen watching TV, listening to music or engaging with staff. One resident was concerned regarding a change to their routine. Staff reassured the resident and were seen to engage with them in gentle and reassuring manner.

The inspector observed breakfast and lunch time in the dining room. The inspector saw that meal times were relaxed and comfortable. Residents were provided with food which looked appealing and was nutritious.

The inspector spoke to one resident who had been supported to visit a family member on the day of inspection. On the last inspection, the resident had not been able to access the community as they did not have a suitable wheelchair. The inspector saw that the resident had received a new wheelchair. The resident said that they were happy with this.

Most residents engaged with the inspector briefly but did not give detail on their experiences of living in the designated centre. The inspector reviewed the provider's annual review and saw that the provider had enhanced their consultation process with residents. Through the annual review, many residents expressed that they were happy with the centre and that liked the garden, the food and their bedrooms.

The inspector also spoke to some family members who were visiting the centre on the day of inspection. Family members told the inspector that they were happy with the care and support that their loved ones were receiving and that they felt informed regarding the infection prevention and control (IPC) arrangements. The inspector saw that family members were wearing face masks. Family members stated that they took these off when speaking to their loved one but wore them voluntarily when in the centre to reduce the risk of transmission of infection to other residents.

Overall, the inspector was assured that the residents were in receipt of a quality service and that the on-the-ground practices by staff were minimising the risk of transmission of infection. However, some improvements were required to the documentation in the centre to support these practices. This will be discussed in the capacity and capability section of the report.

The next two 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

The inspector found that residents were in receipt of good-quality and person-centred care. Everyday practices by staff were effective in reducing the risk of transmission of infection. However, enhancements were required to the documentation in the centre to support staff practices. In particular, improvements were required to the centre's outbreak management plan and to the record keeping of sanitisation and cleaning of equipment.

There were clear lines of authority and accountability within the centre in relation to IPC. The provider had nominated an IPC lead and had implemented a new IPC policy. Staff spoken with were familiar with the IPC policy and it was evident that local practices were in line with the policy and were effective in reducing the risk of infection. For example, staff were familiar with the IPC policy guidance in relation to the management of soiled laundry and linen.

The person in charge had drafted an outbreak management plan which was reviewed on the day of inspection. The inspector found that the outbreak management plan was insufficiently detailed to guide staff in the event of an outbreak of infection. For example, it was documented that some residents would be unable to self-isolate or to restrict their movements. However, the plan did not detail specifically how staff should manage this situation should it occur. There was also insufficient detail on the arrangements for the management of nutrition, staffing and shared bathrooms in the event of an outbreak of infection. Furthermore, residents did not have their own individual outbreak plans to support the centre outbreak management plan.

The inspector was assured, from talking to staff, that they implemented additional measures to reduce the risk of transmission of infection when there was a confirmed case of a transmissible infection in the centre. For example, staff described how, in the event of a resident being diagnosed with a transmissible infection, that they ensured only that this resident accessed the shared bathroom and that the other resident was supported to use a different bathroom. However this was not detailed in the outbreak management plan.

The everyday, on-the-ground practices appeared to be effective in reducing the spread of infection as it was noted that there had not been a significant outbreak of infection in the past 12 months in spite of the centre being a large congregated setting with residents who struggled to restrict their movements. However, a detailed outbreak management plan was required in order to ensure that outbreaks of infection could be effectively contained and to support reviews of outbreaks to enhance future practices.

There was generally a high level of training maintained in the designated centre with most staff being up-to-date in their IPC training at the time of inspection. The centre was operating with 1.5 whole time equivalent(WTE) vacancies. These vacancies were filled by a small panel of regular relief and agency staff. Staff spoken with

were seen to be knowledgeable regarding IPC and described their roles and responsibilities in reducing the risk of transmission of infection. However, as previously detailed, the inspector found that some staff practices were not supported by local guidance and local operating procedures.

Overall, the inspector found that staff were knowledgeable regarding their roles and responsibilities in preventing the transmission of infection in the centre. Staff were guided by the provider's IPC policy and were familiar with the lines of authority for IPC risks in the centre. However, there was a lack of local operating procedures for the management of centre-specific IPC risks.

## Quality and safety

The inspector found that residents in this centre were in receipt of quality care which was delivered in a generally clean and safe environment. However, enhancements were required to the recording of care interventions. This was to ensure that care was being delivered in line with residents' care plans and to enable the provider to conduct reviews or investigations in the event of an outbreak of infection.

The centre was seen to be very clean and tidy throughout. There was ready availability of hand sanitising and washing facilities at key points throughout the centre. Staff were seen adhering to standard precautions in the delivery of care.

The inspector saw that a housekeeping staff was employed and that they had appropriate materials and solutions to effectively clean and sanitise areas of the centre. The kitchen was clean. Food was stored in a hygienic manner and was labelled with the residents' names and date of cooking. However, the inspector saw that, while the premises was clean, there were gaps in documented cleaning schedules. Staff spoken with stated that cleaning was completed, however at times, they forgot to complete the checklists.

There were some premises issues, such as minor damage to flooring, which was known to the provider and was recorded on their audits as awaiting repair. The inspector saw that premises works, such as repairs to bathroom tiling had been completed subsequent to the last inspection. The provider had also recently installed a generator to ensure that medical care could continue to be delivered in the event of an electricity outage.

Single use equipment throughout the centre was disposed of appropriately. There were adequate procedures for the disposal of clinical waste. Medical equipment required for care interventions was seen to be stored in a hygienic manner. For example, a reusable syringe for administration of PEG feed was stored in a sanitising solution. Staff spoken with stated that this solution was changed daily, however there was no documentation to support this.

The inspector reviewed several residents' assessments of need and care plans. In speaking to staff, the inspector found that they were familiar with residents' care plans and was assured that care was generally delivered in line with the plans. However, again there was a lack of documentation to support this. For example, one colostomy care plan detailed that a procedure was to be carried out several times a day. Staff stated that this was completed on their rounds. However, there was no written guidance as to the times when this procedure could be completed or documentation that it had been done.

There were also inconsistent practices described by staff in the cleaning and disposing of nebuliser masks. All residents who required it had their own nebuliser equipment. Staff stated that these were cleaned and disposed of regularly, however the cleaning solutions used varied as did the disposal times. There was no local operating procedure to guide staff in this regard.

Staff informed the inspector that they communicated verbally with residents regarding their care needs and when outbreaks of infection occurred. There was a lack of accessible information available to residents to support their comprehension of this information. Additionally care plans were lacking detail regarding residents' preferences regarding their care needs and how they communicated consent or non-consent to interventions.

## Regulation 27: Protection against infection

Overall, it was demonstrated there were suitable and effective infection control practices being carried out in the day-to-day care and duties of staff. The inspector observed the centre to have a high level of cleanliness throughout.

However, the inspector found that enhancements were required to ensure that practices in the designated centre were in line with the National Standards for Infection prevention and control in community services (HIQA, 2018).

In particular, the following issues required review and enhancement by the provider:

- The centre's outbreak management plan was insufficiently detailed to guide staff in the event of an outbreak of infection. There was insufficient detail regarding the measures to be taken to support individuals who struggled to restrict their movements. There also was insufficient detail regarding the provision of nutrition, staffing and shared bathroom arrangements.
- There was an absence of individual outbreak management plans for residents.
- There was an absence of local operating procedures to guide staff in the management of centre specific IPC risks. The inspector found inconsistent practices amongst staff in the management of these risks. For example:
  - Staff described different practices in the cleaning of nebuliser masks

- There was no documentation to support that disinfectant solutions required for medical equipment were changed regularly
- Some residents' care plans detailed that they required specific procedures several times a day. For example, a colostomy care plan detailed a procedure to be carried out regularly. There was a lack of documentation detailing when this had taken place.
- There was a lack of accessible information in an easy to read format to support residents to understand IPC risks as they related to them
- Care plans were lacking detail regarding residents' preferences in relation to their care needs and how they communicated consent or non-consent to interventions.
- While the centre was seen to be clean and tidy, there were gaps in the cleaning checklists. For example, a shower chair had been signed off as having been cleaned on 07 November 2022 and not again until 17 November 2022
- Shared hairbrushes were in place in the beauty room which presented a risk of transmission of infection to residents
- The inspector saw that there were some premises issues which presented a risk. These included:
  - damage to flooring
  - laminate on one bed peeling off

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Cara OSV-0002349

Inspection ID: MON-0035587

Date of inspection: 18/11/2022

## 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> <ul style="list-style-type: none"> <li>• The person in Charge will provide a detailed outbreak management plan in the event of an outbreak of infection. The plan will outline the plan for residents who struggle to restrict their movement, nutrition, staffing and shared bathroom arrangements. The plan will be sufficiently detailed to guide staff in the event of an outbreak of infection.</li> <li>• The person in Charge will ensure there are individual outbreak management plans for residents.</li> <li>• PIC will ensure that all staff are aware of the updated protocol and guidance in supporting residents in the event of an outbreak.</li> <li>• Supporting documentation is now in place regarding the reusable syringe for administration of PEG feed.</li> <li>• IPC Audit will be completed by Infection Control Nurse specialist in January 2023</li> <li>• IPC operating procedures to guide staff will be detailed with regards to cleaning of medical equipment and disinfection of medical equipment. There is documentation in place to support that disinfectant solutions required for medical equipment are changed regularly.</li> <li>• Residents care plan are updated to include specific procedures daily such as recording of colostomy care procedure. PIC has implemented clear guidance support staff in the cleaning and disposing of nebuliser masks</li> <li>• staff in the cleaning and disposing of nebuliser masks</li> <li>• Accessible easy to read information available to residents to understand IPC risks</li> </ul>	

- Residents care plans detailing wills and preference to be included in each person care plan.
- Cleaning of equipment checklists to be completed each time equipment is cleaned.
- Each resident has their own hairbrush while attending the hair salon within the center
- Damaged floor and laminate to bed have been reported to technical services and identified on QEP within the center. Refit of flooring is waitlisted on SMH and cost of refit will be submitted to Director of Operations.
- PIC has requested quote for replacement of bed and will be replaced in 2023

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/09/2023