



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

## Issued by the Chief Inspector

Name of designated centre:	Breaffy House
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	31 March 2022
Centre ID:	OSV-0002389
Fieldwork ID:	MON-0035576

## About the designated centre

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

Breaffy house is a designated centre operated by St Michael's House located in an urban area in North County Dublin. It provides a residential service for up to seven adults with disabilities. However, due to bed sharing arrangements in place the centre can only provide a service to a maximum of six residents at any one time. The centre is a large detached two storey house which consisted of kitchen/dining room, two sitting rooms, six bedrooms, a staff sleepover room, an office and two shared bathrooms. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. The centre is staffed by a person in charge and social care workers.

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

Number of residents on the date of inspection:	5
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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 31 March 2022	10:00hrs to 16:00hrs	Ann-Marie O'Neill	Lead

## What residents told us and what inspectors observed

The 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.

The inspector met and spoke with residents present in the centre on the day of inspection. One resident chose to speak to the inspector for a period of time. During the conversation the resident told the inspector that they had moved to the centre approximately a year ago and were settled in now. They said they liked living in the centre and they told the inspector that staff were nice to them and they liked the people they lived with.

The inspector asked the resident what their views were on the COVID-19 pandemic. They told the inspector that they knew what it was, that it could make them sick and that washing their hands and wearing a face mask helped them to not get sick and catch the infection. They told the inspector that staff work masks to not get sick or make the residents sick. They said they were happy everything wasn't locked down as much now as they like to be able to go places.

The resident told the inspector that they had received their vaccination and explained they had got a booster vaccine also. They also told the inspector that they received vaccines to prevent them getting the flu as well. They pointed to the place on their arm where they had received the vaccine. They told the inspector that staff had explained to them what the vaccine was for and it had been "alright, not too sore", when they got it.

Breaffy House is a detached dormer style house, located in a suburb in North County Dublin. The centre consists of a kitchen/dining room, two living room areas, with one providing sensory equipment. The centre also consists of two separate bathing/toilet facilities, a staff office space upstairs, a garden area to the rear and parking spaces to the front of the property. Each resident is provided with their own private bedroom space. Laundry facilities are provided in utility room that comprises of a washing machine, dryer, sink and storage cupboards.

The inspector observed the bathing facilities provided for one shower room space equipped with a shower trolley and changing mat. The other bathing area provided residents with a bath, however, the inspector was informed no residents used the bath in the centre. This bathroom area had been identified as requiring upgrading in order to better meet the needs of residents. However, at the time of inspection the refurbishment had not yet been commenced.

The inspector observed some areas of improvement were required to this bathroom to promote the most optimum conditions for promoting infection control standards. The industrial lino on the floor was peeling away at the edge of the bath area which meant the area could not promote the most optimum hygiene arrangements. The

flooring was also marked and stained from wear and tear.

The bathroom also consisted of wood panelling on the surround of the bath and also above the bath. This required improvement as the porous nature of the wooden panels could not ensure the most optimum arrangements for cleaning to ensure infection control standards.

The inspector also observed some rust on a radiator in the shower room and some broken wall tiles adjacent to the changing mat location in the shower room.

There are appropriate waste disposal arrangements in place for the centre and large waste disposal receptacles are stored to the rear side of the property.

The kitchen/dining area had been renovated in the previous year and was very well maintained, modern and clean with provisions for waste segregation and recycling.

On arrival, the inspector was met by a staff member who carried out a symptom check with the inspector. Masks made available to staff in the centre were in line with recent National guidance and a good stock supply was available in the centre. Alcohol hand gel was made available at key areas within the house.

The inspector observed personal protective equipment (PPE) was available in the centre. The provider had also arrangements in place to provide staff with enhanced PPE in the event of an infectious outbreak in the centre.

Throughout the centre was observed to be visibly clean and well maintained for the most part. Each room observed had a good standard of cleanliness. There were cleaning schedules in place and staff took responsibility to engage in a general cleaning regime with enhanced cleaning occurring for some key areas.

The inspector observed there were comprehensive cleaning schedules and regimes in place using colour coded guidance systems to assign cleaning cloths and mops for specific areas in order to mitigate cross-contamination across surfaces. Staff were observed adhering to these guidelines during the course of the inspection and residents were also supported and encouraged to also engage in cleaning and maintaining their home to a good standard.

Residents present on the day of inspection had received COVID-19 vaccinations and boosters. There was evidence of consultation with residents with regards to this process with easy read guides made available to residents and residents spoken with demonstrated they understood what the vaccination was for and said staff supported them to implement public health guideline measures to protect them from infection.

Overall, there were minimal infection control risks presenting in the centre ,at the time of inspection. It was demonstrated staff locally implemented infection control strategies well, but some of these strategies and systems were not clearly set out in the provider's policies or a suite of supplementary guidance tools in the wider context of infection control management.

In addition, staff had not received training in standard precautions to ensure they fully understood the strategies they were implementing and how to apply them to any future presenting infection control risk in the centre, for example.

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

While there were some good local practices and governance arrangements in place in relation to infection control standard precautions, it was not demonstrated that these practices were clearly set out in the provider's infection control policy or supplementary procedural guidance documents.

Provider oversight arrangements in relation to Regulation 27: Protection against Infection, focused on COVID-19 but did not review the wider aspects of infection control and examine the centre's implementation of standard precaution practices to mitigate and manage infection control risks.

A contingency plan was in place in the event of an outbreak of COVID-19 and staff were clear on the use of PPE in this event. The provider's six-monthly audits included a review of the IPC arrangements in the designated centre in relation to the centre's preparedness and contingency arrangements for COVID-19. The provider had also ensured there were good supplies of PPE for the centre and outbreak preparedness self-assessments had been completed regularly.

The inspector reviewed the provider's infection control policy and associated procedures. The policy had been most recently reviewed in November 2021 and provided a general overview of standard precautions with some information documented in the policy under each standard precaution section. However, it was not demonstrated that the policy was comprehensive enough to guide staff practice in designated centres.

In addition, the provider's infection control policy did not provide staff with guidance on the implementation of infection control risk assessments. Therefore, as was found on this inspection, risk assessments and risk oversight arrangements were in place in relation to COVID-19 but not for other locally managed infection control risks managed in the centre.

While staff had received training in hand hygiene and matters related to COVID-19, they had not received training in the wider context of infection control and standard precautions. Therefore, the practices implemented by staff in the centre were not based on specific infection control training or an overarching policy and procedures to ensure consistent and evidence based practice. This required improvement.

Monthly infection control audits reviewed areas related to infection control, however, these areas were most focused on the area of COVID-19 and did not provide a comprehensive line of enquiry breakdown to support the review of all standard precaution areas which would in turn ensure greater and more effective oversight of the risk.

It was noted however, that there were a low number of infection control risks presenting in the centre and of those that were presenting, local practices, procedures and the comprehensively implemented cleaning and upkeep schedule in the centre, mitigated and managed those risks well.

Overall, it was found that the governance and management arrangements required improvement to ensure that there were effective infection control governance, oversight and staff training arrangements in order to meet the needs of residents and ensure compliance with Regulation 27 in the wider context of COVID-19.

## Quality and safety

The inspector found that the services provided in this centre were person-centred in nature and that residents were well informed, involved and supported in the prevention and control of healthcare-associated infections in their home.

Some infection control risks presenting in the centre, in the wider context of COVID-19, consisted of management and disposal of incontinence wear, nebuliser management, laundry management and prevention of Legionella. For each infection control risk management in the centre, there were good local control measures in place for mitigating an potential risks.

Residents had been supported to understand why infection prevention and control precautions were taken and supported to avail of the National vaccine programme, in some instances where residents had underlying conditions, they had been supported to avail of additional vaccinations made available to persons who may require this additional intervention.

A walk through of the house was completed by the inspector. Overall, the inspector observed the house to be clean throughout and well maintained for the most part. Most areas showed a good standard of hygiene and staff were observed to implement cleaning duties in line with the cleaning regime for the house and implementing the local colour coded cleaning framework which formed part of standard precaution management for preventing cross-contamination. This was implemented through the assigning of colour coded cloths and mops for cleaning specific areas.

As discussed, some areas of the centre required refurbishment to ensure they were maintained in the most optimum condition to promote good overall hygiene and cleanliness. Wooden panels located in the bathroom of the centre impacted on the

infection control standards as the porous structure of the wood could not fully promote good infection control standards. The flooring also required addressing as it was lifting in one section creating a gap between the flooring and the side of the bath. This meant grime could collect in this area and impacted on staff being able to keep the floor as clean as possible.

On discussion with the person in charge, they confirmed no residents used the bath in the centre as it was not suitable to meet the needs of residents. As the bath was not used, staff carried out a flushing programme for ensuring water safety management and for the prevention of water borne pathogens, for example Legionella.

The inspector reviewed residents' equipment to assess the cleanliness and overall it was shown that all residents' equipment was maintained hygienically and to a good standard. For example, the shower trolley for the centre was clean, there was no observable grime or residue observed on any shower equipment. Staff also described the cleaning regime for residents' manual handling slings and how they were laundered and dried. Air vents in the shower/bathroom areas were free from dust and general communal spaces were dusted, vacuumed and mopped regularly.

All food stored in the centre had been labelled with open dates and fridges and freezers were kept clean and to a hygienic standard. The microwave and cooker were also kept clean.

There were outbreak management and contingency plans in place which contained specific information about the roles and responsibilities of the various stakeholders in the organisation. The inspector saw that the outbreak management plan was regularly reviewed and updated in line with most recent public health guidance. The inspector also saw that this plan was signed by staff when each version was updated.

There were appropriate systems in place for the incontinence waste management and laundry management systems were also appropriate and helped to mitigate the risk of cross contamination. A cleaning cycle was in place for the washing machine. Incidents of soiled linen or clothes were infrequent and where this did occur those items were disposed of rather than laundered.

Nebuliser administration systems incorporated good standard precaution measures which ensured residents were provided with equipment for their use only, appropriately cleaned and stored in the centre during their stay and provided in a manner that mitigated any potential cross contamination with their peers during administration times. This was a locally managed system which implemented a number of standard precaution elements, however, had not been recorded or set out in terms of an infection control risk assessment, for example.

As discussed, some improvement was required to ensure the locally implemented standard precaution control strategies, for managing infection control risks. were identified, risk rated and documented in infection control risk assessments for the centre.

## Regulation 27: Protection against infection

The provider's infection control policy required review to ensure it provided supplementary guidance to staff on how to implement infection control standard precautions.

The provider's infection control policy did not provide staff with guidance on the implementation of infection control risk assessments.

Staff were not suitably trained in the area of infection control and standard precautions. Training provided to staff in the area of infection control focused on COVID-19 and hand hygiene.

Provider oversight arrangements in relation to Regulation 27: Protection against Infection, focused on COVID-19 but did not review the wider aspects of infection control and examine the centre's implementation of standard precaution practices to mitigate and manage infection control risks.

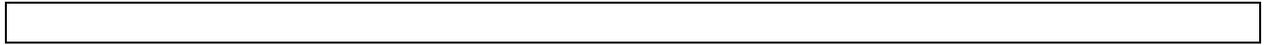
Monthly infection control audits were carried out in the centre by the person in charge. However, these audits did not comprehensively examine or review the implementation of infection control standard precaution measures in the centre and focused mostly on COVID-19 management systems.

Some improvement was required to ensure the locally implemented standard precaution control strategies, for managing infection control risks, were identified, risk rated and documented in infection control risk assessments for the centre.

Some areas of the centre required refurbishment to ensure they were maintained in the most optimum condition to promote good overall hygiene and cleanliness.

- Wooden panels located in the bathroom of the centre impacted on the infection control standards as the porous structure of the wood could not fully promote good infection control standards.
- The flooring also required addressing as it was lifting in one section creating a gap between the flooring and the side of the bath. This meant grime could collect in this area and impacted on staff being able to keep the floor as clean as possible.
- Rust was observed on the radiator in the shower room.
- Some wall tiles, located near the floor beside the changing mat, were cracked.
- The window sill in the utility room was damaged and paint had lifted.
- There was observable rust and bubbling on the surround of the window in the utility room.

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 Breaffy House OSV-0002389

Inspection ID: MON-0035576

Date of inspection: 31/03/2022

## 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> <ul style="list-style-type: none"> <li>• The Person In Charge completed an Infection Control Risk Assessments relating to Management of Body Fluids and Disposal; Management of Laundry and Linen, Respiratory Hygiene and Infection Prevention and Control. (31/03/2022)</li> <li>• All IPC Policies and monthly infection control audits are being reviewed by the Service Provider, IPC webinar will be hosted. (13/05/2022)</li> <li>• IPC Training under review by Service Provider for those in lead IPC positions in Designated Centre’s.</li> <li>• FFP2 Training completed by all staff to support Service Users using Aerosol Generating Procedures. (21/04/2022) with the exception of one staff, to be scheduled for the next available training.</li> <li>• The Person in Charge have nofity the Housing Association in relation to the wooden panels and flooring located in the bathroom of the centre. Works will be completed by 30/07/2022.</li> <li>• The Person in Charge have nofity the Housing Association in realtion to             <ul style="list-style-type: none"> <li>• Rust on the radiator and wall tiles in the shower room.</li> <li>• The window damage in the utility room</li> </ul> </li> </ul> <p>The works in relation to the above concerns will be complete by 30/07/2022</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	30/07/2022