



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

## Issued by the Chief Inspector

Name of designated centre:	Boroimhe
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	27 April 2022
Centre ID:	OSV-0002390
Fieldwork ID:	MON-0035541

## About the designated centre

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

Boroimhe is a designated centre operated by St Michael's House located in an urban area in North County Dublin. It provides a community residential service to six adults with an intellectual disability and low medical needs. The designated centre is a detached large two-storey house which consisted of living room, kitchen, relaxation room, utility room, staff office/sleepover room, six individual bedrooms, a toilet and a shared bathroom. There was a well maintained garden to the rear of the centre. The centre is staffed by the 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:

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
Wednesday 27 April 2022	10:30hrs to 14:00hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of the designated centre Boroimhe. The inspection was carried out to assess compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). While this was the centre's first inspection which focused only on Regulation 27, non-compliance with this regulation had been identified at a previous inspection. Implementation of the provider's compliance plan in relation to the identified issues was also reviewed at this inspection.

The inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector and staff in line with national guidance for residential care facilities. The inspector and staff wore personal protective equipment (PPE) in line with prevailing national guidance. There were respirator masks and hand sanitiser available at the entrance to the premises.

There were six residents living in Boroimhe at the time of inspection. The inspector met with four of the residents during the course of the inspection. Residents appeared to be comfortable in their home and went about their day independently with staff support where required. One resident went for a walk in the morning and another left the house independently to post a letter. Two residents were absent during the course of the inspection as they were out at planned activities. Some residents participated in a dance class in the back garden later in the afternoon.

Residents chose not to share their views on infection control practices in the centre. One resident shared that they were happy with the outcome of recent renovations to the premises and told the inspector that they enjoyed using the new ground floor bathroom. One resident showed the inspector newly fitted wardrobes in their bedroom. The inspector saw that residents' bedrooms had been freshly painted which one resident said they were very happy with. This resident told the inspector they were supported to choose the colour of paint and to purchase soft furnishings of their choice for their bedroom.

The inspector was shown around the premises by the person in charge. The inspector observed that substantial works to the premises had been undertaken since the previous inspection, in line with the compliance plan submitted to the Office of the Chief Inspector. An extension had been added to the rear ground floor of the building which consisted of a large bathroom with a shower, bath, hand wash basin and toilet. The bathroom had been fitted with the necessary equipment to ensure it was accessible to all residents. A new utility room had been built which was equipped with a washing machine and dryer. The extension had been completed to a high standard with a modern finish. The upstairs bathroom, which was found to be in a state of disrepair at the previous inspection, had been fully refit and consequently residents had access to two fully equipped and accessible bathrooms which had positively impacted on their lived experience in the centre.

The premises was further comprised of a large kitchen and dining room, family room, living room, a bathroom with a toilet, six resident bedrooms (two of which were on the ground floor) and a staff bedroom and office. The premises were found to be clean and tidy throughout. Residents were supported to keep their rooms tidy and to manage their laundry as independently as possible.

Residents were supported to receive visitors in their home in accordance with national guidance. Residents could receive visitors in the family room or in the garden if they chose to. Staff were observed to follow current public health measures in relation to long-term residential care facilities. For example, they sanitised their hands at regular intervals and were observed to be wearing appropriate PPE.

Residents had access to information about infection control matters in various formats, such as posters, leaflets and pictures. Residents discussed infection prevention and control (IPC) in residents meetings, for example areas such as hand hygiene and wearing PPE in the community. Residents were consulted with regarding vaccinations and were supported to make informed decisions about their healthcare.

Overall, it was found that residents were receiving person-centred care and support in a manner that protected them from the risk of acquiring a healthcare-associated infection. Some improvements to the premises were necessary in order to ensure that the environment was maintained in a way that enabled effective cleaning.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the achievement of a service that was in compliance with the national standards.

## Capacity and capability

The purpose of this inspection was to monitor compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). In general, the inspector found that the provider was demonstrating capacity and capability to provide individualised care and support to residents in a manner that protected them from acquiring a healthcare-associated infection. A number of improvements were required in the centre to fully comply with the regulation. These are discussed throughout the report.

The inspection found that the provider had implemented all of the actions set out in the compliance plan. The provider had added an extension to the premises which provided an additional bathroom with accessible bathing facilities, and a larger utility room. The provider had also upgraded the pre-existing first-floor bathroom which was found to be in poor condition at the previous inspection. Following building works residents had access to two fully accessible bathrooms which meant they had

more choice regarding when they chose to bathe or shower.

The provider had commissioned a hygiene audit of the centre which identified a number of quality improvement issues. There was an action plan in place which was underway at the time of inspection. The person in charge was found to be monitoring the implementation of this action plan.

The governance and management arrangements were ensuring that infection prevention and control measures were consistently and effectively monitored. An annual review of the care and support provided had been completed and an unannounced visit to the centre was undertaken every six months. There was a clear organisational structure that ensured measures were in place to provide care and support which were consistent with the National Standards. The provider had developed and adopted a range of policies and procedures, supported by a comprehensive range of guidance documents for staff to ensure they had the required knowledge carry out their roles. The policy relating to infection prevention and control had been recently updated. The provider had ensured that practices which support good infection control were subject to regular audit and review.

There were arrangements in place at a local level to monitor IPC practices, with clear lines of communication. IPC matters were found to be discussed and reviewed at team meetings and management meetings, with necessary items escalated to the accountable person or department. There were a number of checklists in place to monitor the cleaning and housekeeping activities in the centre. These were monitored by the person in charge.

The centre had a full time person in charge who worked from the centre and took a lead role in IPC. The centre was staffed by a team of social care workers. All staff had received training in COVID-19, hand hygiene, and personal protective equipment. A staff member had been nominated to take on additional responsibilities regarding IPC and local operating procedures. Additional training or support was required for staff who were responsible for IPC risk management in the centre to ensure they had the correct skills and knowledge to identify, manage and report IPC risks.

Overall, inspectors found that residents were being kept safe from the risk of an outbreak of infection by the arrangements that had been put in place for infection prevention and control. While the centre was observed to be clean, the inspector did note some areas which required attention by the provider to ensure that the environment and facilities were maintained in optimum condition. This is discussed later in this report.

## Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection risks. Overall, there was

evidence that a good quality and safe service was provided to residents. Some minor improvements were required in relation to the environment in order to fully comply with the regulation.

Information regarding IPC was available in a variety of formats to support residents' education, for example, information regarding hand hygiene, cough etiquette and vaccines. Residents discussed IPC matters with each other and staff at planned residents' meetings, including areas such as updates to national guidance, changes to visiting arrangements and staying safe in the community. Residents received information in a way that enabled them to make informed decisions about their healthcare, including decisions to take part in screening and vaccination programmes.

The centre was located in a suburban area of North Dublin. Each resident had their own bedroom with sufficient personal space and room for their personal items. There had been substantial improvements made to the premises since the previous inspection. The upstairs bathroom had been renovated with new flooring, repaired ceiling, and a new accessible shower. An extension had been added to the premises which facilitated the addition of a new large ground floor bathroom. This meant that residents had access to an additional shower and bath since the previous inspection.

The extension also included a designated utility room. There was ample space in this area for the separation of clean and dirty laundry. Cleaning equipment and supplies were appropriately stored in the utility room, with colour coded cloths and mops used by staff to prevent cross-contamination. Residents' laundry was generally managed with support from staff. Staff were knowledgeable when spoken with regarding temperatures for washing laundry and management of soiled linen.

There were detailed guidance documents in place to support the thorough cleaning of the premises, which included information regarding the methods and frequency of cleaning, as well as guidance specific to enhanced cleaning in the event of an suspected or confirmed outbreak of infection. Staff were familiar with the cleaning and decontamination arrangements in place in the centre, in line with the provider's own policy.

For the most part, the premises was found to be very clean and tidy. The kitchen cabinets were seen to be damaged in parts and had acquired heavy dirt in some places. The condition of some of the handles and the trim were not conducive to effective cleaning. Some of the windows were dirty and required cleaning. Damage to the ceiling in the living area noted at the previous inspection had been fully repaired and areas where there had been mould had been treated and repainted. Some garden furniture was found to be damaged and badly rusted

There were adequate hand hygiene facilities throughout the centre, including a designated hand-wash sink in the kitchen. Staff were observed adhering to good hand hygiene practice. There was no hand soap present in one bathroom; this was addressed immediately by the staff member it was noted to. The taps on two of the sinks were noted to be damaged from heavy limescale. One of these had been identified in the provider's own hygiene audit and were due to be replaced. The

replacement taps were in the centre at the time of inspection and were scheduled to be fitted.

There were arrangements in place to manage risks associated with the use of sharps. There were clinical waste bins present and appropriate arrangements for their disposal. Although there were some control measures in place regarding sharps risks, there was no risk assessment present and the inspector was not assured that control measures were based on an informed assessment of risk. There was no clear guidance regarding management of sharps injuries at a local level.

The inspector reviewed the arrangements for cleaning and decontamination of equipment and found that these were effective. There were established cleaning arrangements for large and small equipment, and staff were clear on the decontamination process for equipment such as glucometers (a device used to measure blood glucose levels) and thermometers.

There was an outbreak management plan in place to guide the management of an outbreak of infection in the centre. It was found that this was sufficiently detailed and had been implemented effectively when required. The provider liaised with the appropriate statutory agencies and public health departments throughout a previous outbreak of COVID-19 in the centre.

There were suitable arrangements in place to manage water systems in the centre. For example, the provider had identified some outlets that were infrequently used and ensured a protocol to minimise the risk of Legionnaire's disease was implemented.

Overall, the inspector found that significant improvement had occurred since the previous inspection. Practices and procedures were found to facilitate adherence to the national standards, with some further improvement in the maintenance of equipment and facilities required to further comply with the standards.

## Regulation 27: Protection against infection

Overall, the inspector found that the governance and management arrangements facilitated good IPC practices. The provider demonstrated a commitment to meeting the national standards, and while some further attention was required to some of the facilities, most of these had been identified in the provider's own internal audit. Notwithstanding, a number of improvements were required in the centre to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

- Some taps were damaged from limescale and needed to be replaced. The provider had purchased a new set of taps for a handwash basin in a downstairs bathroom which were scheduled to be replaced.
- A number of kitchen cabinets were dirty and the doors were observed to be

damaged. The condition of the cabinets did not facilitate thorough cleaning.

- The dining furniture in the garden, which consisted of a plastic fold-out table and fold-up chairs with metal legs, were found to be damaged and badly rusted. The outdoor dining furniture needed to be replaced so it could be cleaned appropriately.
- There were arrangements in place to manage the use and disposal of sharps, however while there were some control measures in place, these had not been subject to a risk assessment.
- Staff with additional responsibilities related to the monitoring of IPC practices required some additional training related to standard and transmission based precautions.

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 Boroimhe OSV-0002390

Inspection ID: MON-0035541

Date of inspection: 27/04/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In response to Substantial Compliance under Regulation 27 the following actions are being implemented:</p> <ul style="list-style-type: none"><li>• The taps in downstairs bathroom will be replaced with new ones by 3/6/22, which have already been purchased</li><li>• The kitchen cabinets have been deep cleaned by professional cleaners on 28/4/22. Required repairs will be carried out by Maintenance Dept. The PIC secured one quote for a replacement kitchen</li><li>• The PIC is arranging for new garden furniture to be purchased</li><li>• A risk assessment for sharps injuries has been completed 29/4/22</li><li>• The PIC has requested additional training for the PIC and IPC leads which has been submitted to the Training Department</li><li>• In relation to the kitchen an assessment has been completed by the Maintenance Dept and Housing Dept. Whilst the kitchen is dated, it is in good structural condition, with a granite worktop. The proposal is to retain the worktop, reface all doors and other surfaces, and seal all corners and plinths to remove the risk of IPC non-compliances in the future due to inability to clean. This work is included for in a schedule of kitchen upgrades across all St Michael's House housing stock, and will be completed by Oct 31st 2022.</li></ul>	

## 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	31/10/2022