



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

## Issued by the Chief Inspector

Name of designated centre:	Grattan Lodge
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	25 February 2022
Centre ID:	OSV-0003599
Fieldwork ID:	MON-0035762

## About the designated centre

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

Grattan Lodge is a designated centre operated by St. Michael's House. It is a community based home with the capacity to provide full-time residential care and support to six adults both male and female. It is currently home for six residents with varying degrees of intellectual and physical disabilities. Residents in the centre are supported with positive behaviour support needs, augmentative communication needs, emotional support needs, specialised diet and nutritional needs, and physical and intimate care support needs. The house is situated on a quiet cul de sac with a large green area opposite the house. It is located in a suburban area of Co. Dublin with access to a variety of local amenities such as a local shopping centre, cinema, bowling alley, dart station, bus routes, and churches. The centre has a vehicle to enable residents to access day services, local amenities and leisure facilities in the surrounding areas. The centre consists of a large two-storey house with seven bedrooms and an accessible front and back garden. Residents in the centre are supported 24 hours a day, seven days a week by a staff team comprising of a person in charge, social care workers, and a care assistant.

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

Number of residents on the date of inspection:	6
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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 25 February 2022	10:00hrs to 14:40hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

The purpose of this unannounced inspection was to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation.

The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also observed residents in their home as they went about their day, including care and support interactions between staff and residents. The inspector wore a face covering throughout the course of the inspection, adhered to standard hand hygiene procedures and maintained physical distancing in line with relevant national guidelines.

The centre was registered to accommodate six residents and there were no vacancies at the time of inspection. On arrival to the centre, the inspector was met by a member of staff who was supporting a resident. The staff member directed the inspector to the staff office while they completed care tasks and on return took the inspector's temperature as part of the visitors procedure. The inspector observed staff wearing personal protective equipment which was in line with prevailing national guidance.

The premises was comprised of a two-storey house located in a busy housing estate in a North Dublin suburb. There were seven bedrooms in the house; two bedrooms shared a large en-suite bathroom with two separate points of access, and two others had a private en-suite bathroom. There was a modest-sized shared bathroom on the first floor with a shower and bath. There was a large living room downstairs as well as a kitchen and dining area with access to a patio area to the rear of the premises. There was a utility area at the back of the rear garden with a washing machine, dryer and hand-wash sink; there was no soap or towels available in the utility room.

The inspector carried out a walk-around of the centre and observed the home to be clean in most areas, although some areas required a deep clean and others were cluttered and did not facilitate thorough cleaning. For example, there were some packages and boxes stored on the ground in the living area, the shared bathroom had numerous shelving units that were cluttered with personal toiletries and there was some visibly dirty equipment observed.

The inspector saw residents' bedrooms and found that they were well equipped and furnished, decorated in accordance with residents' preferences and contained personal items such as clothing, pictures and posters. Residents had a secure area in their bedroom to store their medicines and valuables. Residents' en-suite bathrooms were observed to be visibly dirty in some areas and required a thorough clean. The shared bathroom on the ground floor was also cluttered and had damage to the floor and walls that required repair. The inspector observed storage facilities were made available for residents to store their personal products separately from

their peers although as mentioned previously some residents' personal toiletries, toothbrushes, hair brushes and shaving equipment were stored in a shared bathroom.

Residents were supported in the house by a team of social care workers. Staff in the centre had the responsibility for day to day cleaning and upkeep of the premises. Residents also took some responsibility for cleaning their own rooms and some communal areas with staff support. The inspector found that, while there were some examples of good practice in environmental hygiene such as colour coded mops and buckets, there was insufficient guidance in place to direct thorough cleaning of the environment and equipment.

Residents spoken with were knowledgeable regarding the infection control measures in the centre that were implemented in response to COVID-19. Residents were familiar with precautions they could take to protect themselves and spoke with the inspector about their experience of a COVID-19 outbreak in their home. Three residents had COVID-19 in 2021 and isolated in their bedrooms in order to reduce the risk of further transmission. Residents were supported by a nominated staff member while they were unwell and kept in touch with friends and family members with their personal mobile devices.

Staff supported residents with care needs such as monitoring vital signs and assisting residents to check blood glucose levels. The inspectors found that staff did not have sufficient knowledge to ensure that the infection prevention and control (IPC) arrangements for supporting these care needs were in line with best practice. Some equipment was found to be contaminated and had potential to expose residents and staff to infection risks.

Overall it was found that while there were some established arrangements in place to protect residents from infection prevention and control, these were not sufficient to ensure that residents received care and support in a clean and safe environment or that staff had adequate guidance in order to implement good infection prevention and control practices.

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**

The governance and management arrangements were found to be ineffective in assessing, monitoring and responding to infection control risks. The provider did not demonstrate that there were adequate structures or arrangements in place to measure and oversee performance in this area. The inspectors saw that there were numerous issues which presented a risk to infection prevention and control (IPC) and that these had not been identified by the provider and consequently had not

been addressed.

The inspector found that the governance arrangements were not effective in identifying clear roles and responsibilities for all members of staff in relation to IPC matters. Staff were unclear regarding their roles and responsibilities and there was no identified accountable person or department for IPC. The primary responsibility for implementing infection prevention and control measures lay with the person in charge and staff members, who were found to closely follow the guidance available to them. However, in the absence of oversight from a suitably qualified person there was insufficient guidance and support in place in areas such as decontamination of equipment, sharps management and use of personal protective equipment (PPE).

The provider had carried out a hygiene audit in 2019 which identified some areas for improvement in the premises (most of which had been addressed), however no audit of hygiene or infection prevention and control had occurred since then and there were significant risks in the centre that had not been identified; some of which are described later in the report. The provider had a range of monitoring and auditing systems in place, such as unannounced visits to the centre every six months and an annual review. These systems provided very minimal supervision or monitoring of IPC risks and practices; areas of review were found to relate largely to COVID-19 and did not address any other infection control risks in the centre.

It was not evident that the provider had determined the training needs of staff in the centre based on the assessed needs of residents. All staff had undertaken training in hand hygiene and wearing and removal of PPE. However, there were improvements required to ensure staff were trained and knowledgeable in infection control standard precautions and how to implement these systems within the centre. Staff had primary responsibility for areas such as healthcare risk waste management and decontamination of equipment and did not have adequate training in standard precautions to carry out these roles in accordance with best known evidence.

Staff were supervised by the person in charge and attended regular staff meetings. A review of records found that staff discussed IPC issues such as COVID-19 and associated national restrictions. Staff also discussed residents' support needs and updated care plans in accordance with national guidance. A review of rosters found that the number of staff available in the centre was suitable to meet the centre's infection control needs, however it was not demonstrated that staff had access to specialist advice and support on IPC matters in order to suitably plan and carry out their roles and fulfil their responsibility in this area. There was no clear reporting structure through which staff could report infection risks.

There was an outbreak contingency plan in place and specific isolation planning arrangements to be put in place in the event of a resident or staff member presenting with suspected or confirmed COVID-19.

## Quality and safety

The inspector found that the services provided in this centre were person-centred however, improvements were required to ensure residents were protected from infection control risks by consistent implementation of standard infection control precautions and procedures.

The inspector found that residents were provided with accessible and clear information regarding infection prevention and control, for example, residents and staff discussed areas such as hand hygiene and vaccines at residents' meetings. Residents were supported to manage their own healthcare, such as blood glucose monitoring, however it was found that additional staff training was required to ensure that residents' received guidance that was based on best available evidence.

Staff had overall responsibility for providing a clean and hygienic environment. Residents also cleaned their own rooms in accordance with their abilities and with staff support. The house was found to be generally clean although some areas required a deeper clean or to be tidied. There was a cleaning schedule in place that was found to be implemented and recorded appropriately. The cleaning schedule required review to ensure that it contained sufficient information regarding the method and frequency of cleaning for key areas of the premises. Residents' en-suite bathrooms were found to be visibly dirty in areas such as showers and toilets, although it was recorded that they were cleaned with staff support regularly which indicated that residents required more support to effectively clean their environment.

There were some arrangements in place to clean equipment and larger equipment (such as shower chairs and commodes) was found to be clean. There were service records in place for larger equipment. The inspector found that smaller equipment was not being cleaned or decontaminated appropriately, with items such as blood glucose monitors and urinal bottles visibly unclean. Staff were not clear regarding how these items should be cleaned or decontaminated. The inspector also found contaminated items stored with clean items. For example, a blood glucose monitor was contaminated with blood and stored in a medicines press.

Staff were not sufficiently knowledgeable of the standard precautions to be taken when managing sharps. The practices in place at the time of inspection presented an infection risk to residents and staff. The inspector observed sharps containers stored on the floor in two areas, a container of PPE in a resident bedroom had blood present on the box and blood was also found on some records and documents. This was reported to the provider on the day of inspection. The inspector also found that some single use equipment was being reused.

A bathroom on the ground floor, which was shared by two residents, had torn and damaged flooring and a broken radiator cover. The bathroom was generally cluttered and there was heavy dust in some areas where equipment was stored. The surface of some shelving units was damaged and did not facilitate thorough

cleaning.

Improvements were required throughout the premises to ensure good hand hygiene practice was followed. There was no soap present at two hand wash sinks and in the absence of optimal hand washing facilities the location and availability of hand sanitiser needed to be addressed. For example, there was no hand sanitiser present in one room where healthcare support was provided to a resident, and the supporting staff member would need to leave the room and walk through the house in order to wash their hands. Improvement was also required with regard to general and healthcare waste management to ensure that suitable waste receptacles were available in areas where staff would be required to use and dispose of PPE.

There were arrangements in place to launder residents' clothes and linen. Clearer guidance was required to ensure that there were suitable arrangements in place to manage soiled linen. The proposed arrangement in the centre was contrary to the provider's own policy.

There was a response plan to prevent and or control COVID-19 infection, including outbreak management and contingency plans. The centre had a COVID-19 outbreak involving three residents in 2021. It was found that the outbreak had been well managed in the centre, with the risk of acquiring or transmitting the infection minimised. There were clear and individualised support plans in place for residents to ensure they received appropriate care and support during a period of outbreak of COVID-19.

Overall, while staff were endeavouring to provide a safe service to residents by following the guidance in place, it was found that the approach to identifying and managing infection control matters in the centre was ineffective and as a result infection control risks were not known to staff or the provider, staff had insufficient training and residents were exposed to preventable infections control risks.

## Regulation 27: Protection against infection

Overall it was found that the provider was unable to adequately demonstrate they had implemented the national standards for infection prevention and control in accordance with regulation 27. Significant improvement was required to ensure that the governance framework in place for the oversight of infection prevention and control practices was effective. The provider did not demonstrate sufficient oversight of the infection prevention and control risks in the centre.

Improvements were required to the development of staff knowledge, understanding and skills in the area of infection control as well as to the premises, in order to provide a home to residents that could promote and facilitate the implementation of effective infection control systems.

Review was required in the provider's assurance that management of single-use equipment, management of cleaning equipment, access to hand hygiene supplies,

and staff's adherence to correct waste management and laundry management was done according to clearly defined procedures and protocols.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

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

# Compliance Plan for Grattan Lodge OSV-0003599

Inspection ID: MON-0035762

Date of inspection: 25/02/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>In response to the area of non-compliance found under regulation 27, we will commit to undertaking the following procedures and tasks</p> <ul style="list-style-type: none"> <li>• Removal of boxes in sitting room to a more suitable location completed</li> <li>• Space created in the sitting room for residents to store their art &amp; craft supplies.</li> <li>• Deep clean of both ensuite bathrooms completed and a plan put in place for this to be completed regularly.</li> <li>• Flooring in shared bathroom downstairs has been approved by the organisations housing association and allocated on the work plan for completion.</li> <li>• Appropriate storage facilities for resident’s personal toiletries purchased for downstairs shared bathroom to ensure adequate cleaning.</li> <li>• Social stories developed for residents around appropriate cleaning including what products to use.</li> <li>• PIC has seeked advise from infection control department to develop guidelines around the decontamination of smaller equipment, sharps management and use of personal protective equipment (PPE).</li> <li>• IPC audits have been scheduled for completion</li> <li>• PIC reviewed cleaning schedule to ensure that it contains sufficient information regarding the method and frequency of cleaning for key areas of the premises.</li> </ul>	

- Appropriate location for sharps containers to be stored obtained
- All staff are aware of all guidelines relating to infection control and blood precautions.
- New reusable medicine cups has been sought.
- Storage area in shared downstairs bathroom cleared to ensure proper cleaning.
- Soap is available at hand stations and hand sanitizer is available throughout the centre
- Waste receptacles are available in areas where staff would be required to use and dispose of PPE.
- Guidance to manage soiled linen in place.
- All IPC Policies being reviewed and will be completed by April 30th 2022
- IPC Training being reviewed in particular for those in lead IPC positions in centres.
- FFP2 Training to commence on Monday April 11th 2022 with houses supporting service users using Aerosol Generating Procedures. Training will then be rolled out throughout the organisation
- IPC Webinar, PIC forum on refocusing on general IPC within organisation not just Covid.

## 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	30/07/2022