

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

Issued by the Chief Inspector

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| Name of designated centre: | Riverside Residential |
| Name of provider: | St Michael's House |
| Address of centre: | Dublin 17 |
| Type of inspection: | Unannounced |
| Date of inspection: | 21 July 2022 |
| Centre ID: | OSV-0003600 |
| Fieldwork ID: | MON-0035763 |

About the designated centre

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

Riverside Residential is a designated centre operated by St. Michael's House. This community based residential centre is located in Dublin. The centre provides residential support to adults with an intellectual disability. Residents with additional physical or sensory support needs can also be accommodated in the centre. The house is a bungalow set on a small campus with one other residential service, two day services and a leisure centre. The house contains seven single bedrooms one of which is used for staff. There is a kitchen and dining area, a living area and a separate sitting room available for residents. Local amenities within the area includes shops, restaurants, and hotels. There is transport available for residents use. The centre is managed by a person in charge and staffed by a team of social care workers and health care assistants.

The following information outlines some additional data on this centre.

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| 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 |
|-----------------------|----------------------|-------------|------|
| Thursday 21 July 2022 | 10:30hrs to 15:00hrs | Amy McGrath | Lead |

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the registered provider's compliance with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). The inspector met with residents, staff members and the person in charge, and observed support interactions between staff and residents.

Riverside Residential is a large bungalow located in a small campus setting in North Dublin. The house comprised of seven bedrooms, a kitchen and dining room, a living room and a small recreation room. There was a staff office and two well-equipped bathrooms. The centre is registered to accommodate six people and there were six residents living there at the time of inspection. Each resident had their own bedroom. The premises was located near a busy suburb, although residents required transport to access nearby facilities. The centre had a bus available for resident use.

When the inspector arrived they were greeted by a staff member. There were two residents present on arrival, one of whom who had just returned from getting a haircut, and another who was in bed. On arrival at the centre, the inspector observed some infection control practices that were in place. There were signs on the door relating to current public health guidance, and hand hygiene facilities and personal protective equipment (PPE) were available on entry. The person in charge was on shift but was out of the centre dropping other residents to their day services. The person in charge returned shortly after the inspector arrived and facilitated the remainder of the inspection.

The inspector had the opportunity to meet two of the six residents who lived in the centre. The provider had supported residents to return to day services following closures during the COVID-19 pandemic. Some residents preferred not to attend day services and were supported by staff in the centre to engage in activities in their home and the community. The two residents who were present in the centre at the time of inspection chose not to speak with the inspector. Both residents were observed in their home and greeted the inspector.

Residents appeared comfortable in their home and independently used the facilities in line with their abilities. Residents engaged with staff members who were seen to be responsive to their needs and requests. Staff were observed interacting with residents in a kind and personable manner, and residents appeared relaxed and familiar with staff.

Residents each had a staff member nominated as a key-worker, and it was found that this person worked with the resident to assess and make known their needs and wishes. There were detailed health and personal care plans in place to direct person-centred care.

The premises was found to be visibly clean and tidy throughout. Environmental cleaning was managed by a designated housekeeping staff, with support from other staff members. This was found to facilitate a good standard of hygiene and cleanliness. There were some areas of the premises that were not in optimal condition and so did not facilitate effective cleaning or decontamination. Residents had access to a range of equipment to meet their assessed needs. While most of this was in good condition, some required repair or replacement to optimise effective cleaning.

There was an additional room available for residents to use for leisure and adequate facilities for residents to receive visitors. There were no restrictions in relation to visitors at the time of inspection. Visitors were encouraged to take reasonable precautions to minimise the risk of infection in the centre.

There was evidence that residents had received education and information on infection prevention and control (IPC) in line with their abilities. IPC matters such as hand hygiene and cough etiquette were discussed at regular residents' meetings.

Overall, the inspector found that the centre was operating with good IPC measures and the provider was ensuring the risk of healthcare-associated infection was being effectively managed, despite some areas for improvement being found.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

The governance and management arrangements were ensuring that infection prevention and control measures were consistently and effectively monitored. There were auditing systems in place and a clear organisational structure to ensure that measures were in place to provide care and support which were consistent with the National Standards. Some minor improvements were required in relation to maintenance of equipment and premises.

There was a clear governance structure with defined roles and responsibilities for the centre. The person in charge was full-time and supported in their role by a service manager who in turn reported to a Director of Service. The person in charge provided support and guidance to staff in the centre on a day-to-day basis. The provider had an established IPC team that were available to provide guidance and direction on IPC matters. An IPC lead staff member had been appointed, who had additional responsibilities in relation to monitor IPC risks and control measures.

Residents were supported by a team of nurses, social care workers and support

staff. Staff had received training in a range of areas related to IPC, such as hand hygiene, breaking the chain of infection, and COVID-19. It was found there was sufficient staff available, with the appropriate skill set, to meet the IPC needs in the centre. Staff discussed IPC matters at team meetings, where updated guidance or emerging risks could be shared. Staff also had an opportunity to discuss any IPC issues or information at daily handovers.

There were a range of informed policies, procedures and guidelines on IPC matters in place, in areas such as infection prevention, hand hygiene and use of person protective equipment. These were readily available for staff to refer to. Staff also had access to public health information on COVID-19 and other infection control matters. It was evident that the person in charge was reviewing and updating local practices and procedures to ensure they were in accordance with the most up-to-date evidence or guidance.

There were a number of oversight arrangements in place to monitor and assess adherence to the National Standards. A service manager had carried out an audit which included environmental hygiene early in 2022. This had contributed to the introduction of a designated housekeeping staff member. This audit also identified some improvements that were required to the premises and there was an action plan in place which was being implemented. The person in charge completed monthly IPC audits to identify and assess IPC hazards and risks, and ensure that appropriate measures were in place. Quarterly health and safety inspections were also carried out which reported on some IPC matters, such as waste management, chemical use, and housekeeping.

The provider had carried out an annual review and six-monthly unannounced reports on the quality and safety of care and support provided in the centre. Actions identified from reviews and audits were monitored to ensure completion.

The person in charge had completed risk assessments on IPC matters including COVID-19, use of chemicals, use of sharps, and risks specific to residents. The risk assessments identified associated control measures to mitigate the risks. It was found that risk assessments supported residents to engage in their community in a way that promoted their independence and kept them safe from IPC risks.

The person in charge had completed a self assessment questionnaire published by HIQA which reviewed the centres preparedness for an outbreak of COVID-19.

Quality and safety

The inspector observed that residents were supported with their assessed needs in a person-centred manner and had access to healthcare professionals and a multidisciplinary team as required. Residents had active lives and were supported to make choices and decisions about their care and how they were supported. The person in charge had ensured that residents' needs were assessed which informed

the development of personal plans. The inspector viewed a sample of care plans and found that any infection control risks were noted with details of interventions to be followed.

Residents had access to easy-to-read guidance on COVID-19 and infection prevention and control. IPC was discussed at residents' meetings. The inspector viewed a sample of the meeting minutes, topics discussed included wearing face masks, good cough etiquette, and hand hygiene. Residents had been supported to avail of national immunisation programmes in accordance with their wishes.

The inspector observed sufficient hand washing facilities in the centre, including accessible hand wash sinks and ample supply of hand sanitiser. Staff had received training in hand hygiene. There was an adequate supply of personal protective equipment (PPE) in the centre as well as other resources to be used in the event of an outbreak of infections, for example, additional pedal bins and clinical waste receptacles.

The premises was visibly clean and tidy in all areas. Staff were observed cleaning areas of the centre in line with the cleaning checklist in place, and used a colour coded system of cloths and mops. Some areas of the premises were found to be worn, such as some areas of flooring which had lifted, and the finish on some cabinets. The provider had plans in place to repair or replace all areas identified as requiring action to optimise cleaning.

Similarly, while most equipment in the centre was in good condition, some items, such as a shower trolley and some support rails, were damaged and needed to be replaced. The person in charge had ordered these items in advance of the inspection and was awaiting delivery and installation of new equipment. Smaller equipment, such as thermometers and pulse oximeters, were found to be clean and in good condition. Where equipment was designated as single use, it was disposed of after each use.

There were suitable arrangements in place to manage laundry in a way that minimised cross-contamination. There was a designated utility room that was equipped with a washing machine and dryer, hand wash facilities, and appropriate PPE. The utility room was found to be clean, free of clutter and neatly organised.

The person in charge had developed plans to prevent and manage potential outbreaks of infection in the centre. The plans were detailed and included arrangements such as access to PPE, supporting residents to isolate, maintaining staffing levels, waste and laundry management.

Regulation 27: Protection against infection

The registered provider had developed and implemented good systems and processes to prevent, control, and protect residents from the risk of infection. Residents were receiving care and support in line with their assessed needs, and the

inspector observed practices which were consistent with the National Standards. Some improvements were required in order to fully meet the standards.

While there were effective arrangements in place to ensure the premises and environment were clean and maintained in good condition, some items were outstanding since the provider's own environmental hygiene audit. The repair or replacement of some areas of the premises, such as kitchen cabinets and flooring, was required.

Some equipment was in poor condition and needed to be replaced. This was known to the provider who had taken measure to address it prior to the inspection.

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 |
|---|-------------------------|
| Capacity and capability | |
| Quality and safety | |
| Regulation 27: Protection against infection | Substantially compliant |

Compliance Plan for Riverside Residential OSV-0003600

Inspection ID: MON-0035763

Date of inspection: 21/07/2022

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">• Shower Trolley has been replaced since IPC Thematic Inspection in line with recommendations in place from local audit• Technical Services Department have set out a table of works for the completion of new kitchen including cabinets and flooring. Schedule of works has been implemented for completion of replacement and repair of flooring in main living area and identified bedrooms within the Designated Centre• The Person In Charge has requested an infection control audit from St. Michael's House CNS in infection control in order to further enhance IPC arrangements within the Designated Centre.• The Person In Charge has implemented a schedule review check list for the maintenance of equipment within the centre to ensure that they are in line with IPC guidance and that equipment is in clean and appropriate working condition.• Supports rails identified on day of Thematic Inspection and Local Audit have been replaced within the Centre.• A robust cleaning schedule is in place in line with best practice for furnishings and appliances• In the event of an outbreak of COVID 19 or any other notifiable disease, the PIC and Service Manager will continue review formally through management meetings. The organisations IPC team are available for review should this be required. | |

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 | 30/06/2023 |