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

Issued by the Chief Inspector

Name of designated centre:	Kilbarrack
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	17 June 2022
Centre ID:	OSV-0002358
Fieldwork ID:	MON-0035594

About the designated centre

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

Kilbarrack is a designated centre based in a North Dublin suburban area which supports six residents with intellectual disabilities. The designated centre is comprises a bungalow with an enclosed garden space to the rear. It contains an entrance hallway, six resident bedrooms, one staff sleep over room which contains an en-suite and also acts as a staff office, two sitting rooms, a kitchen and dining space, a large bathroom, and a smaller shower room with toilet facilities. The designated centre provides 24 hour residential supports to residents by a staff team of social care workers and a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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 17 June 2022	09:40hrs to 15:50hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. The inspector met and spoke with staff who were on duty throughout the course of the inspection. The inspector also had the opportunity to meet with some of the residents who lived in the centre. One resident chose to speak to the inspector in more detail and provided information on their experiences of living in the designated centre.

The inspector used conversations with residents and staff, observations and a review of the documentation to form a judgment on the overall levels of compliance in relation to IPC. Overall, the inspector found that, while the service had policies and procedures in place to reduce the risk of residents contracting a healthcare associated infection, enhancements were required to ensure that IPC was actively considered and incorporated into the routine delivery of care in the designated centre.

The inspector saw that the centre was generally clean and tidy however there were several premises issues which impacted on the effectiveness of the IPC arrangements. For example, the kitchen presses were damaged and could not be effectively cleaned. This will be discussed further in the quality and safety section of the report.

Staff were in the process of cleaning bathrooms when the inspector arrived. Staff were using colour coded cloths and mops for each area within the designated centre to prevent the transmission of infection in the house. However, staff spoken with were not following best practice in relation to the use of chemicals for cleaning. Staff reported that they mixed chemicals to ensure that floors were cleaned and sanitised. Staff were unaware of the risk that mixing chemicals posed.

Staff were seen to be wearing appropriate personal protective equipment. There was availability of PPE within the centre including gloves, masks and aprons. However, PPE was not always readily available in the environment in which it was required. This was attributed by staff to storage issues within the designated centre.

Staff informed the inspector that they had completed training in IPC and were aware of how to contact the IPC specialist for any related queries. However, staff were unfamiliar with the provider’s most recent IPC policy and it was evident that further support was required to ensure that staff were implementing appropriate infection prevention and control practice in the everyday delivery of care in the centre.

The inspector saw some examples of poor practice in relation to IPC on the walk around of the designated centre. One risk which was identified was the storage of hair brushes belonging to different residents in the same container. The staff on duty took measures to address this risk on the day of inspection. Another risk

identified was that several hand sanitisers in the designated centre were out of date and therefore were ineffective. This risk was also addressed by staff on the day of inspection.

One resident spoke to the inspector about their understanding of infection prevention and control. The resident told the inspector that Kilbarrack was a good home and that they liked their bedroom and the staff. This resident could show the inspector where disposable face masks were kept and was informed regarding COVID-19 and the importance of good hand hygiene.

Many of the residents were at day services for the majority of the inspection. On their return from day services, the inspector saw that residents appeared comfortable in their home. Resident and staff interactions were seen to be caring and kind and it was evident that residents were treated with dignity and respect.

In summary, the inspector found that while the provider had enacted policies and procedures to support effective IPC practices, enhancements were required to the oversight of these practices in the centre. Enhanced oversight was required to ensure that care was delivered in a safe manner which reduced the potential for residents to contract a health care associated infection.

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

Overall, the inspector found that, while the provider had structures in place to mitigate against the risk of residents contracting a health care associated infection, enhanced oversight was required to ensure that they were being effectively implemented.

There were clear lines of authority and accountability in the service. The centre was run by a person in charge who reported to a service manager. Staff spoken with were aware of the reporting structure and of how to contact an IPC specialist if further information was required. The centre had recently experienced an outbreak of COVID-19. The inspector saw that the provider's IPC specialist regularly liaised with staff in the centre and provided guidance and support in managing confirmed cases of COVID-19.

While good communication was evident between the staff team and the IPC specialist, the internal oversight mechanisms required improvement to ensure that staff were sufficiently informed of changes to IPC guidance. The provider had recently published a new IPC policy however staff spoken with were unaware of this

policy. Staff meetings had not been held for several months. This was attributed by staff to the recent outbreak of COVID-19. The provider had capacity to hold online staff meetings and the inspector was informed that this was how meetings had been held previously during periods of heightened restrictions due to COVID-19. It was unclear why staff meetings therefore did not take place at all during the period of March to June 2022.

There was a well-established staff team in the centre. The centre was operating with a full staffing complement as per the statement of purpose. The inspector reviewed the roster and saw that staffing levels were maintained at all times, including during periods of COVID-19 outbreaks. It was evident that staff communicated effectively with each other both through using a communication book and verbally at shift handover. Staff informed the inspector that they used handovers to keep each other up-to-date on the status of residents during outbreaks of COVID-19.

There were gaps identified in relation to workforce competencies in IPC. A training matrix showed that 70% of staff were up-to-date with IPC training. Staff could describe how they supported good hand hygiene. However, there were gaps in staff knowledge of standard precautions, transmission based precautions and of residents' colonisation statuses. There were also no on-site assessments completed to ensure that staff had consolidated and were implementing knowledge from IPC training.

Audits such as an annual review and six monthly unannounced visits were completed which identified clear time bound plans. The inspector saw that most of these actions were progressed. A hygiene audit was completed by the provider in 2019. This audit identified several actions. The inspector saw that all actions were addressed with the exception of one. The kitchen counter was identified as posing an IPC risk as it was damaged and could not be effectively sanitised. The inspector saw that this risk remained as the counter had not been replaced. Additionally, the kitchen cupboards, particularly the lower cupboards, had experienced significant wear and tear and were damaged. These could also not be effectively cleaned.

A more recent IPC audit had not been completed. A monthly infection control checklist was in place however records were only available up until April 2022. One of the areas covered on this checklist was to check the stock of hand sanitiser. The inspector saw that there was adequate supply of hand sanitiser however a significant proportion of this had passed its' expiry date.

Cleaning schedules were in place, and while the inspector could see from the general cleanliness of the centre that these were being implemented, the schedules were not always signed off as having being completed. For example, on the week of inspection, only one day had been ticked as having been completed.

The centre had a COVID-19 contingency plan that had been reviewed regularly however it was not evidenced that the content of this was updated in line with current guidance. For example, the most recent COVID-19 contingency assessment set out in relation to Theme 1 that easy read documents were available to residents

which discussed the restrictions imposed at different levels as prescribed by the government. These levels and restrictions were no longer in use at the time of inspection.

Overall, the inspector found that the oversight of IPC practices in the centre required enhancement. Additionally, further training and support was required to ensure that all staff adhering to best practice in infection prevention and control.

Quality and safety

The inspector saw that at the start of the COVID-19 pandemic, the provider had implemented easy read information and had ensured that residents were kept up-to-date regarding government restrictions and the importance of measures such as hand hygiene, mask wearing and cough etiquette. The inspector also saw that residents were consulted with regarding the COVID-19 vaccination and that informed consent was sought in this regard.

However, it was not evidenced that information had been updated and made available to residents in line with recent changes to public health guidance. For example, the inspector saw that several residents had communication support plans on file which detailed that they communicated through multi modal means. The centre's annual review also set out that staff used visual aids, social stories and prompts to engage with residents. However, during recent outbreaks of COVID-19, staff informed the inspector that they communicated verbally to residents that they needed to self-isolate and stay in their rooms. It was not evidenced that this information was communicated to residents in line with their assessed needs and therefore that they were fully informed and consulted with in relation to this. Communication passports and social stories were noted to be stored in files in the staff room and therefore were not readily available in order to support effective communication with residents.

Staff had access to PPE in the centre however there were gaps in staff knowledge of standard precautions and good hand hygiene. Therefore some practices were ineffective in preventing transmission of infection. For example, staff reported that when administering medications they washed their hands and put on gloves in the staff office and then walked to resident bedrooms to administer medications. This was rendering the hand hygiene and use of gloves ineffective as staff were touching surfaces such as door handles on their way.

In the same light, while there was sufficient PPE in the designated centre, this was frequently not available in the room in which it was required. For example, gloves for supporting residents with intimate care were located in the utility beside the bathroom rather than in the bathroom. Staff attributed this to a lack of storage in

the bathroom.

The premises of the centre was generally seen to be clean although there was some maintenance required in certain areas. The inspector saw that a sideboard in the hall required replacing as the paint had worn off. There was some dust and cobwebs noted in hard to reach areas such as high velux windows which required cleaning. Blinds in the bathrooms and utility were also noted to be dirty. The kitchen required repair to ensure that it could be effectively cleaned. The inspector saw that the countertop and cupboards were quite damaged and worn.

Further oversight of the cleaning and laundry procedures was also required. Staff were unaware of the guidance in place for the use of chemicals in the designated centre. The inspector saw that there were chemicals available such as chlorine tablets which were out of date and were not used. Staff also were not familiar with the provider’s guidance on the management of spills and soiled laundry. There were no alginate bags available for use if required.

The inspector saw that equipment which was available for residents’ use such as hoists and hospital beds were serviced and well maintained. However, other equipment such as first aid boxes were not regularly checked to ensure that products remained within their safe use-by date. Several products in these boxes were noted to be out of date when reviewed by the inspector.

Staff could competently describe how they managed outbreaks of infection and were informed regarding the house COVID-19 contingency plan.

In summary, the designated centre was not set up in a manner which supported effective IPC practices. Additionally, further oversight was required to ensure that staff were adhering to best practice in reducing the risk of residents contracting a healthcare associated infection.

Regulation 27: Protection against infection

Enhanced oversight of the IPC practices within the designated centre was required. The inspector saw that while the provider had implemented policies and procedures in relation to IPC, staff were not sufficiently informed regarding these. This contributed to some practices which were not in line the national standards for infection, prevention and control in community services. The inspector identified several areas where adherence to national guidance and standards required improvement. These included:

- Staff were uninformed regarding the provider's most recent IPC policies and procedures
- COVID-19 risk assessments and self-assessments had not been updated in line with changes to public health guidance

- Accessible information had been provided to residents at the start of the COVID-19 pandemic, however this had not been updated and was not used to support residents to understand newly imposed periods of self-isolation during outbreaks
- Staff meetings were not held regularly. This was attributed to COVID-19 outbreaks. There was no clear rationale for the cancelling of meetings. Staff were not communicated with regarding the changes to the provider's IPC policies during this time period
- There were gaps identified in staff knowledge of infection prevention and control
- There was no system of on-site auditing or in-person training to ensure that staff were applying knowledge as acquired in IPC training
- The premises required maintenance in several areas including the kitchen and dusting in high areas. Bathroom blinds required replacing. A sideboard in the hallway required repair.
- Hand sanitiser was out of date in the centre. These were removed and replaced by in-date sanitiser on the day of inspection
- Several products in first aid kits were found to be out of date
- Several residents' hairbrushes were stored in one container. This was addressed by staff on the day of inspection
- PPE was not readily available within the room in which it was required. This rendered hand hygiene practices ineffective
- The use of chemicals in the centre for cleaning required review
- Oversight of cleaning schedules and infection control checklists required enhancement
- alginate bags were not available and staff were unfamiliar with the policy for managing soiled linen

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 Kilbarrack OSV-0002358

Inspection ID: MON-0035594

Date of inspection: 17/06/2022

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

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

• All staff will be provided training on the providers most recent IPC and will update their Covid 19 training online. Part of this training will include a knowledge best assessment will must be done by all staff to complete the training in full. Policies and procedures and any further updates will be reviewed at any of the following, future staff meetings, webinars and IPC training.

• Each staff will review and sign off on reading IPC policies and practices in the designated centre will be in line with the most recent organisational policy.

• The Person in Charge will update Covid 19 risk assessment and self-assessment to reflect the changes to public health guidance.

• Updated accessible information will be made available to residents when required and a countdown system is in place for when residents are in isolation

• IPC will be an agenda item on monthly staff meetings and review of audits completed by staff will be discussed also. The 6 monthly audit will also review IPC audits completed by staff in centre The person in charge will request support from the IPC team to support staff

• IPC audit has been requested by the Person in Charge

• The organizations technical services and housing association has been contacted in regard to maintenance requirements.

• The organizations Housing association has been contacted and Kilbarrack is on the list for a new Kitchen in 2023. Kitchen blinds table and blinds will be replaced with Kitchen upgrade.

- The blinds in the Bathrooms have been disposed and as these windows have privacy glass they will not be replaced to allow for better cleaning of surrounding tiles.

- The Fabric on the blinds in Utility room has been replaced.

- The Hall table has been disposed and a new one has been ordered.

- Social Care staff Follow the Environmental Hygiene cleaning Check list daily and high dusting will be included in the cleaning schedule

- The Person in Charge will review the use of chemicals in the premises and put written guidance in place.

- The Person in Charge/ lead on shift will ensure PPE is available in each required room. PPE combined holder for gloves and apron have been purchased and maintenance requested to fit it.

- Two new bars for bathroom have arrived and OT will come out and access them before fitting.

- Dates on PPE and first aid equipment will be reviewed on monthly audits and Expiries dates documented on audit

- The Person in Charge / lead on shift will ensure that staff sign, cleaning / IPC checklists once completed.

- Alginate bags have been scoured and will be used in line with the organization policy on managing soiled laundry

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