



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

## Issued by the Chief Inspector

Name of designated centre:	Baldoyle Residential Services
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0002340
Fieldwork ID:	MON-0036338

## About the designated centre

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

The centre is located in a seaside residential suburb of Co. Dublin and is located on the first floor of a large three storey building. The ground floor of this building comprises a primary school for children with disabilities, a day care facility for adults and a swimming pool. Administration offices are located on the second floor where outpatient clinics are also held. Access to the designated centre is through a large reception area for the entire building and there is a lift and stairs available to residents. The entire property is owned by St. Michael's House (SMH). The designated centre is divided into two areas, each with their own living areas and kitchen facilities. Ten residents reside in the centre. Residents are supported by a team of nurses and care staff. The centre is closed to admissions from external agencies as it is classified as a congregated setting. The provider proposes to de-congregate the centre in line with national policy.

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

Number of residents on the date of inspection:	10
--	----

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 24 March 2022	10:00hrs to 15:30hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of the designated centre. 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. At the time of inspection, three of the 10 residents who lived in the centre were in isolation having tested positive for COVID-19. The inspector found that each resident had their movements restricted to their own bedrooms and were supported by a nominated staff member. There was a fully equipped trolley placed outside each of the bedrooms which contained the necessary personal protective equipment (PPE) required to support residents in accordance with national guidance. Hand hygiene facilities and a suitable waste receptacle were also in place. The lid to one of the bins was noted to be broken.

The inspector did not meet with the residents who had an active infection at the time of inspection. The inspector observed staff responding to residents when they required assistance, bringing meals and snacks, and entering their rooms to perform observations. Staff were noted to use PPE in accordance with the provider's outbreak management plan.

The inspector met with six of the residents who lived in the centre. One resident spoke with the inspector and shared that they enjoyed living in the centre but would like more choices in relation to meals and snacks. They also noted that when staff were smoking at break times, they could smell it from the dining room and told the inspector that it bothered them.

The inspector was shown around the premises by a staff nurse. The person in charge was not working on the day of inspection. A service manager attended the inspection for a part of the afternoon. The inspector was introduced to some of the residents and the staff. The inspector observed that the premises were clean and resident bedrooms and communal areas in use were free from clutter. The provider had completed work to the premises to upgrade fire safety measures prior to the inspection and works to the finish of the premises (such as walls and doors) were underway at the time of inspection. There were contractors present who were painting a number of resident bedrooms and a bathroom.

The provider had also replaced the flooring in one of the bathrooms. Improvements were also noted in the kitchen areas, with new counter tops and new tiled back splashes installed under the kitchen cabinets. New furniture had been purchased for

communal living areas.

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 over the course of the inspection and were observed to be wearing appropriate PPE.

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 inspection found that the provider had improved its oversight and enhanced governance arrangements in relation to infection prevention and control. Generally, 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 the environment and staff training in order to fully comply with the regulation. These are discussed throughout the report.

The inspector reviewed the implementation of the compliance plan submitted by the provider following the previous inspection. It was noted that the provider had implemented in full all of the actions set out in the compliance plan in accordance with the timelines submitted.

The provider had a range of policies and procedures in place, supported by a comprehensive suite of training for staff so as to ensure they had the required knowledge to implement effective infection prevention and control (IPC) in this centre. The provider had also ensured that practices which support good IPC were subject to regular audit and review.

The centre had a full-time person in charge who was supported in the role by two clinical nurse managers. There was a clear management structure and defined lines of accountability. Two IPC lead worker representatives had been appointed in the designated centre. An on-call management system was in place for staff to contact outside of regular working hours.

All staff had received training in COVID-19, hand hygiene and personal protective equipment. Additional specialist training was provided to IPC lead staff members. While there were sufficient staff available to fulfill the IPC needs within the centre, additional training was required for those with responsibility for housekeeping and

environmental hygiene to ensure that practices were consistent with the provider's policies and national guidance.

The provider had commissioned an IPC audit which had identified some areas for improvement. An action plan had been developed and all issues identified had been addressed.

It was evident that there were effective local arrangements in place 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. Audits were noted to drive improvement and affect positive change.

## Quality and safety

It was found that the revised governance and management arrangements had contributed to improvements in the IPC practices and monitoring of IPC matters in Baldoyle Residential Services. In reviewing compliance with the standards, the inspector found some areas of good practice, such as enhanced cleaning of the premises and equipment and the overall condition of the premises. Some improvement was required to staff training and the storage of cleaning equipment and supplies to achieve compliance with the national standards.

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection. Overall, there was evidence that a good quality and safe service was provided to residents. Information regarding IPC was available in a variety of formats to support residents' education, for example, information regarding hand hygiene, cough etiquette and vaccines.

The provider had also developed a health-related hospital passport to inform staff and other healthcare professionals of the residents' assessed needs, medical history and condition.

The centre was located on the first floor of a three-storey building. There was a nurses' station at the entrance to the centre and residents' bedrooms, bathrooms, and communal areas were located along two corridors. There had been improvements made to all bathrooms with new flooring installed in some bathrooms. There was a cleaning schedule in place for all large equipment, such as shower chairs and commodes, which clearly outlined the method and frequency of cleaning. The bathrooms and equipment were found to be clean and in good condition.

There were also detailed guidance documents in place to support the thorough cleaning of smaller equipment such as thermometers, blood pressure cuffs and pulse-oximeters. Staff were familiar with the cleaning and decontamination arrangements.

The centre had a designated utility room. Residents' laundry was generally managed in a laundry facility located elsewhere in the building, with staff managing some laundry, such as delicates or laundering of slings. There was ample space in this area for the separation of clean and dirty laundry. Staff were knowledgeable when spoken with regarding temperatures for washing laundry and alginate bags for the washing of soiled laundry were available in the centre as per service policy.

The premises was found to be very clean and tidy. The centre employed housekeeping staff to clean communal areas and residents' rooms. While the premises was clean, the storage of cleaning supplies required review as mop buckets were found to be dirty, cleaning trolleys were damaged and dirty and there was used PPE found in the cleaning trolley.

The provider had installed hand sanitiser points throughout the centre following the previous inspection. 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.

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 the outbreak of COVID-19 in the centre.

Overall, the inspector found that significant improvement had occurred since the previous inspection and for the most part, practices and procedures facilitated adherence to the national standards. Some improvements were required to achieve full compliance.

## Regulation 27: Protection against infection

Overall, the inspector found that while some good practices were observed, 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:

- Improvements were required to the storage of mops and the cleanliness of cleaning equipment, such as cleaning trolleys and mop buckets. One cleaning trolley was found to be visibly dirty and there was used PPE in some of the

compartments.

- Additional training, specific to the role, was required for housekeeping staff.
- One bathroom did not have hand soap available.
- A bin used for the disposal of healthcare waste was broken.

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 Baldoyle Residential Services OSV-0002340

Inspection ID: MON-0036338

Date of inspection: 24/03/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"><li>• Full review of mops and cleaning equipment has taken place including equipment used and storage</li><li>• Cleaning checklist developed and implemented for House hold staff for cleaning of equipment at end of day</li><li>• House hold staff to attend training specific to their role, sourced through training department and will be completed by 17th June 2022.</li><li>• Soap placed in bathroom on day of inspection and soap dispensers checked daily as part of House hold checklists.</li><li>• Bin replaced and suitable bins available for usage in case of isolation requirement</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	30/06/2022