



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

Issued by the Chief Inspector

Name of designated centre:	Ballymun Road
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	13 July 2022
Centre ID:	OSV-0002379
Fieldwork ID:	MON-0036300

About the designated centre

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

Ballymun Road is a designated centre operated by Saint Michael's House located in North County Dublin. It provides a community residential service to six adults with intellectual and physical disabilities. Each person has their own bedroom. There is a communal kitchen /dining room, sitting room area, one residents bedroom has an en-suite. There is a large enclosed back garden with patio and garden furniture. There is an additional smaller sitting room for entertaining visitors if required for privacy. The centre is staffed by the person in charge and social care workers. Ballymun Road aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives.

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
Wednesday 13 July 2022	08:35hrs to 15:10hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation.

The centre comprised of a large two-storey house. The house was close to many local amenities and services. There was adequate communal space and each resident had their own bedroom. There was also a nice garden space for residents to use. The inspector observed a homely atmosphere in the centre. There was signage on IPC and COVID-19 displayed in the centre, and hand sanitiser and face masks were available at the front door and throughout the house. Generally, the centre was well maintained, however, some aspects of the premise and practices observed by the inspector required improvement to mitigate infection hazards and to meet optimum standards.

There were six residents living in the centre, and the inspector had the opportunity to meet four of them. Some residents were attending day services and others were supported by staff in the centre with their meaningful day. One resident chose to speak with the inspector, they said they liked living in the centre and got on well with their housemates. The resident told the inspector that the staff in centre were very nice and helped them with their laundry, cooking and cleaning. The resident said they could speak to staff if they had any problems. The resident was active in their community and told the inspector about the activities they enjoyed, such as meeting friends in the pub, going to the cinema, spending time with family, and attending their day service. The resident was planning to go on holidays with a friend later in the summer. The resident spoke about some of the IPC measures to prevent COVID-19, such as wearing face masks and good hand hygiene. The resident had received education on IPC measures and ongoing guidance was provided during residents meetings.

Another resident briefly spoke to the inspector to tell them about a recent trip to visit their family. Another resident showed the inspector their bedroom and personal possessions, and using manual signs indicated that they were happy with their bedroom. These residents did not communicate their views of the service to the inspector but appeared very comfortable in their home.

During the inspection, one resident's family members visited the centre and spoke with the inspector. The family members advised the inspector that they were very happy with all aspects of the quality and safety of care and support provided to their loved one. The family members were very complimentary of the person in charge and staff working in the centre. The family members had no concerns about the service, however advised the inspector that they felt confident in raising any potential concerns. The family members felt that the resident was well cared for during the COVID-19 pandemic, and expressed that staff in the centre had been excellent in supporting the resident to keep in contact with their family through use

of an electronic device when visiting restrictions had been in place.

The provider's annual review of the quality and safety of care and support provided in the centre had consulted with the residents and their representatives, and the feedback received was very positive.

The person in charge was not on duty during the inspection, and social care workers in the centre facilitated the inspection. Staff were observed interacting with residents in a kind and personable manner, and residents appeared very relaxed and familiar with staff. Staff were also observed communicating with residents in accordance with their individual communication needs, for example, using manual signs.

The inspector spoke with several social care workers during the inspection. Staff were observed adhering to standard precautions, such as good hand hygiene and wearing appropriate personal protective equipment. Staff demonstrated a very good understanding of the residents' needs and corresponding support interventions. Staff spoke about a range of IPC matters and were knowledgeable on the matters discussed. Staff spoke about residents in a dignified manner and it was clear that they were implementing a human rights-based and person-centred approach to care and support. Staff also told the inspector about how they had supported residents to access independent advocacy services. Staff highlighted concerns about some of the residents' changing and increased needs, and on the compatibility of residents which they felt created a busy and pressurised work environment that could impinge on the quality of service provided to residents. Staff also expressed concerns about residents having sufficient access to day services and transport. The inspector met the service manager during the inspection to discuss the staff concerns, and was advised that the concerns were being responded to.

Overall, the inspector found that the centre was operating at a good standard of infection prevention and control (IPC) practice and the registered provider was ensuring the risk of healthcare-associated infection was being managed, however, some areas for improvement were 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 affects the quality and safety of the service being delivered.

Capacity and capability

Overall, it was found that the registered provider and person in charge had implemented good arrangements and systems to ensure the delivery of safe and effective infection prevention and control (IPC) measures that were consistent with the national standards.

There was a clearly defined governance structure with associated 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. In the absence of the person in charge, there was a deputy manager, and staff were supported by the service manager. There was a nurse manager on-call arrangement for staff to contact outside of normal working hours. The provider had an established IPC team that were available to provide guidance and direction to the centre on IPC matters including outbreak management. The staff rota also highlighted a 'COVID-19 Lead', the lead was responsible for duties, such as leading the initial response to a suspected case of COVID-19 and completing audits.

The provider had prepared a suite of written policies, procedures and guidelines on IPC matters which were readily available for staff to refer to. Staff also had access to public health information on COVID-19 and IPC. In response to the COVID-19 pandemic, the provider had also developed specific information on COVID-19, such as updates on national guidance, visiting restrictions, and cleaning equipment guidelines. The information was available in the centre to ensure that staff were aware of the most up-to-date and current guidance to safely manage and reduce the risk of COVID-19. The provider was also sharing learning from IPC inspections carried out in their other centres to drive quality improvement, for example, the provider's IPC team circulated specific information that was highlighted during a recent IPC inspection.

The provider and person in charge had implemented systems to monitor infection prevention and control (IPC) arrangements in the centre. 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 and reported on aspects of IPC, 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 which made some references to COVID-19 and IPC. Actions identified from reviews and audits were monitored to ensure completion. An IPC/hygiene audit of the centre by the provider's IPC team was scheduled to take place later in the summer.

The person in charge had completed risk assessments on IPC matters including COVID-19, use of chemicals, contaminated water, use of sharps, and other IPC matters. The risk assessments identified associated control measures to mitigate the risks. The inspector found that a risk assessment required further development regarding a specific risk relevant to a resident.

There was an adequate supply of personal protective equipment (PPE) in the centre and it was securely stored. Audits of the PPE stock were completed to ensure that the supply was sufficient.

Staffing in the centre consisted of social care workers, and they were required to complete infection prevention and control (IPC) training to support them in understanding and implementing IPC measures. The inspector viewed a sample of the monthly staff team meeting minutes and found IPC to be a standard agenda

item for discussion. At the team meeting in June 2022, the team discussed use of personal protective equipment (PPE), COVID-19 risk assessments, cleaning requirements, an upcoming webinar on IPC, and legionnaires disease.

The inspector spoke to some of the staff about the infection prevention and control (IPC) measures implemented in the centre. Staff told the inspector about their IPC training, arrangements for soiled laundry and bodily spills, procedures for management of sharps, cleaning schedules and chemicals, and measures to reduce the risk of cross contamination of infection. Staff also spoke about the recent COVID-19 outbreak in the centre. Staff advised the inspector that the outbreak was managed well and in accordance with the centre's outbreak plan, and how the residents' mental health was supported during periods of self-isolation.

Quality and safety

The inspector observed that residents were supported with their assessed needs in a person-centred manner and had access to multidisciplinary team input as required. There had been no recent admissions or discharges from the centre. Residents were active in their communities, 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 infectious risks such as fungal infections were noted with associated interventions to be followed.

Residents had access to easy-to-read guidance on COVID-19 and infection prevention and control (IPC). IPC was discussed at residents' meetings. The inspector viewed a sample of the meeting minutes, topics discussed included wearing face masks, good respiratory etiquette, hand hygiene, cleaning, and management of suspected COVID-19. Residents had been supported to avail of COVID-19 and flu vaccines if they wished.

The inspector observed sufficient hand washing facilities in the centre, however, some bottles of hand sanitiser, which were in use, were found to have expired.

In the kitchen, the cupboard doors required cleaning and some high dusting was needed. In the living rooms, the fabric on a sofa, a specialised chair, and sliding doors required cleaning. Archive boxes were stored on the floor in a living room which impinged on how effectively that area could be cleaned. The laundry room was found to be cluttered and the sink area required cleaning. The arrangements and maintenance of the main bathroom required improvement, for example, storage units were dirty, and the storage of residents personal products was poor presenting a risk of cross contamination of infection. The inspector observed other aspects in the bathrooms requiring attention, such as rust, absence of foot pedal operated bins, and some damaged flooring.

Staff in the centre completed the cleaning duties in addition to their primary roles.

The person in charge had implemented detailed cleaning schedules with supporting guidance, however, gaps were found in the completion of the cleaning schedule records. There was a sufficient supply of cleaning equipment and chemicals. The storage and maintenance of mop buckets was not appropriate to ensure that they were kept clean.

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, consultation with families, and support from the IPC team. The centre had experienced a recent COVID-19 outbreak. The inspector was advised by staff that the outbreak was managed very well and all residents and staff affected recovered. However, there had been no formal review of the outbreak which would provide an opportunity to identify learning that could be used to further improve the centre's outbreak plans.

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 for infection prevention and control in community services. However, improvements were required to strengthen the IPC procedures and meet optimum standards.

There was an IPC team available to provide guidance and support to the centre, and the staff rota identified a 'COVID-19 Lead' who had associated responsibilities. Staff working in the centre were trained in infection prevention and control precautions and measures, and had a good understanding of the IPC matters discussed with the inspector. The provider had prepared comprehensive written policies, procedures and guidelines on IPC matters which were readily available for staff to refer to along with public health guidance. Residents had been supported to understand IPC and COVID-19 measures through easy-to-read information and discussions at residents' meetings.

The person in charge and provider had good oversight of IPC in the centre, and had conducted relevant audits and risk assessments to identify IPC hazards and areas for improvement, however, some risk assessments were found to require further development. A recent COVID-19 outbreak had been managed well and in line with the plans.

Areas of the premises required cleaning and attention to mitigate infection hazards, including the bathrooms, living areas, and kitchen. Other practices, such as storage of residents personal equipment and cleaning equipment, and the maintenance of hand washing facilities required enhancement to mitigate the associated risks.

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 Ballymun Road OSV-0002379

Inspection ID: MON-0036300

Date of inspection: 13/07/2022

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"> • A robust cleaning schedule is in place in line with best practice for furnishings and appliances • Archiving boxes removed to external storage facility in line with organisational records and retention policy • New storage in the main bathroom will be installed to support with storage of residents personal belongings • Painting of rust on radiators has been completed • Identified risk assessments have been separated from residents IPC risk assessment and a separate risk assessment has been completed • New storage unit for the effective storage of mop buckets and mops will be sourced for outside storing of same • 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. • Painting of plinths and windowsills in the front and back of house will be completed. • An outstanding request from a site visit carried out by Service Manager to paint the plinth under the washing machine/dryer will be painted in the utility room • Painting of banisters and stairs following new carpet installation will be completed. • Counter top in kitchen and gable end by fridge and shelving in kitchen presses will be repaired. • Existing bathroom press removed and new storage unit in downstairs bathroom following new altro flooring to be completed 	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2022