



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

Issued by the Chief Inspector

Name of designated centre:	Cromwellsfort Road Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 12
Type of inspection:	Unannounced
Date of inspection:	06 April 2023
Centre ID:	OSV-0002395
Fieldwork ID:	MON-0039230

About the designated centre

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

Cromwellsfort Road Residential is a designated centre operated by Saint Michael's House located in South County Dublin. It provides community residential services to four adults with a disability. The centre comprises two separate apartments. Apartment one comprises a bedroom, bathroom facilities and a combined kitchen, dining room and lounge area. Apartment two comprises three bedrooms each with their own en-suite bathroom, utility room with laundry facilities, additional toilet, sitting room, staff office, and combined kitchen and dining room. The centre is staffed by a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 6 April 2023	09:05hrs to 14:55hrs	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 (IPC) and to monitor compliance with the associated regulation. Overall, it was found that the arrangements and systems in the centre were inadequate to support the delivery of safe and effective IPC measures.

The centre comprised two separate apartments located in a busy suburb of Dublin. The centre shares a site with a day service also operated by the registered provider. The centre is close to many amenities and services including shops, cafés and public transport. There is also a vehicle available to support residents in accessing their community.

The person in charge was not on duty during the inspection. Social care workers that were working during the inspection accompanied the inspector on an observational walk around of the centre. The first apartment visited comprised three resident bedrooms with en-suite facilities, a sitting room, kitchen dining room, bathroom, and staff office. The second apartment visited had been renovated last year to accommodate the admission of a new resident. It comprised a single bedroom, a sensory room, bathroom, utility room, and an open plan kitchen and living area. There was an environmental restriction in this apartment, and staff told the inspector about the purpose of the restriction which was for resident safety. The bedrooms were spacious and decorated to residents' individual tastes. Overall, the centre was bright and comfortable, however areas of it required cleaning, and some upkeep was required.

The inspector observed good fire safety systems, however some improvements were required. There was fire detection, fighting, and containment equipment available in the centre. Servicing labels on fire extinguishers and fire blankets indicated that they were up to date with servicing. The inspector tested several fire doors, including bedroom, kitchen, and utility room doors, to see if they closed properly when released. One bedroom door did not close properly, and the inspector highlighted this to staff and the service manager. Most of the exit doors had thumb turn locks, however the front door of one apartment was key operated. This arrangement required more consideration to ensure the door could be easily opened in the event of an emergency.

During the inspection, residents were engaged in different activities; one resident was visiting their family, two were attending day services, and one resident was supported by staff to attend a medical appointment. The inspector observed staff engaging respectfully with residents, and they knew each other well. One resident spoke with the inspector in the company of staff. They said they liked living in the centre and got on well with their housemates. They enjoyed having their "own space" and were happy with the facilities in the premises. They said staff were very good and they could talk to them if they had any problems. However, they wanted

more time with staff, and was planning on writing a letter to the provider about this. They knew about IPC measures, such as hand washing and using personal protective equipment (PPE).

The recent annual review had consulted with residents and staff. Residents' feedback was generally positive, however some expressed concerns regarding the availability of staff. Staff expressed similar concerns. Recent key worker meeting minutes had also noted a resident's wish to have more time with staff.

The inspector spoke with social care workers working during the inspection. They told the inspector about the activities that residents enjoyed such as visiting friends and family, eating out, attending social groups and classes, walks, and using smart devices. They said that residents' rights were promoted in the centre, and described how their choices and preferences were respected. They had no safeguarding concerns, but were aware of the procedures for responding to and reporting concerns. They felt comfortable raising any potential concerns about the quality and safety of the service with the management team. They also spoke about some of the IPC arrangements in the centre. They demonstrated a good understanding of residents' needs, however expressed concerns about some residents' changing needs and the level of support they required. They also described the working environment as being stressful due to lone working at times, challenges in being able to consistently support all residents' needs, and the impact of staff leave.

The inspector spoke with the service manager about staff and residents' concerns regarding the staff arrangements and level of support provided to all residents in the centre. The service manager was aware of their concerns, and provided assurances to the inspector that they were being addressed by the provider.

The inspector observed some positive IPC measures in the centre, such as use of colour coded-cleaning equipment, and availability of PPE. However, other arrangements required enhancement, for example, the oversight of the implementation of IPC arrangements. Improvements were required to ensure that the centre was operating at a good standard of IPC practice and that the registered provider was ensuring the risk of healthcare-associated infection was being managed.

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 while the registered provider had established arrangements and systems to support the delivery of safe and effective infection prevention and control (IPC) measures, improvements were required to ensure that

the measures were implemented to meet compliance with the national standards.

There was a clearly defined governance structure with associated roles and responsibilities for the centre. The person in charge was based in the centre and reported to a service manager. There were good arrangements for the management team to communicate and escalate issues. In the absence of the person in charge, staff could contact the service manager or an on-call service outside of normal working hours if they had any concerns to escalate.

In relation to IPC matters, the provider's IPC team provided guidance and direction to the centre. They also shared updates on COVID-19 and IPC matters as required, for example, updated information about wearing personal protective equipment (PPE) had been recently shared. Copies of public health information were also available in the centre for staff to refer to.

The provider had prepared a written IPC policy. The policy included information on the relevant roles and responsibilities, standard and transmission based precautions, hand hygiene, use of PPE, and guidelines for managing waste, sharps, laundry, and bodily fluid spills. Recent staff team meeting minutes noted that the IPC policy had been discussed. However, the inspector found that the policy was not available in full in the centre, as only parts of it were printed, and staff could not access the full policy on the provider's electronic information system. This presented a risk to the effective implementation and adherence to the policy in the centre, for example, during the inspection, staff could not access guidelines on the management of soiled laundry and bodily fluid spills.

An IPC preparedness and outbreak plan had been prepared by the person in charge. However, the inspector found that some of the arrangements outlined in the plan, for example, cleaning schedules, were not implemented in practice which impinged on the effectiveness of the plan.

The inspector was not assured that the oversight and monitoring of IPC in the centre was adequate, as demonstrated through the findings of this inspection. There had been no standalone IPC audit in the centre by a person competent in this area to assess the IPC arrangements. The person in charge had completed an IPC self-assessment audit in November 2022. However, the inspector found that some of the arrangements noted in the self-assessment audit were not in place on the day of the inspection, for example, cleaning logs and hygiene audits. The inspector was informed that health and safety checklists should be carried out which covered aspects of IPC, however the most recent checklist available to the inspector during the inspection was dated January 2021.

The person in charge had also completed a range of COVID-19 and infection related risk assessments. However, risk assessments viewed by the inspector were found to require more consideration and review, for example, they were not specific to the centre, and some of the control measures were no longer in place.

Staff working in the centre were required to complete relevant training to support them in understanding and implementing IPC measures and precautions. Up-to-date staff training records were not available in the centre on the day of the inspection,

however were later submitted to the inspector. The training records showed that half of the staff team required IPC training.

Staff told the inspector about some of the IPC measures in the centre, such as vaccination programmes, good hand hygiene, wearing PPE, and use of colour coded-cleaning equipment as a measure against infection cross contamination. They also discussed the arrangements for cleaning bodily fluid spills and handling soiled laundry, however as mentioned previously some of the guidelines on these matters were not readily available for them to refer to. They had no particular IPC risk concerns, but said they could contact the management team if they had.

Quality and safety

The inspector found that the provider had not ensured that the practices and care arrangements implemented in the centre were fully sufficient to support an appropriate standard of infection prevention and control (IPC).

Residents had varied healthcare needs, and had access to multidisciplinary team services as they required. Where they wished to, residents had been supported to avail of COVID-19 and flu vaccinations programmes, and there was easy-to-read information on COVID-19 and IPC in the centre for them to access. During times of visiting restrictions, residents were able to keep in contact with their families through phone and video calls.

The person in charge had ensured that residents' healthcare needs were assessed which informed the development of care plans. The inspector viewed a sample of the residents' assessments and plans, such as plans on personal care, nutrition, and behaviours of concern. However, the inspector found that one resident's 'assessment of need' form had not been reviewed in over 12 months which posed a potential risk to the care and support they received, and some plans were found to require revision.

Overall, the centre was not maintained to an appropriate standard of cleanliness to promote good IPC standards, and aspects of the premises required attention to mitigate potential infection hazards and risks.

The centre comprised two separate apartments. The apartment accommodating one resident was found to be clean, tidy, and nicely decorated and furnished. The other apartment was not maintained to the same standard of cleanliness in areas, for example, there was visible dirt on the kitchen floor, some bedroom floors, and a light switch.

In one of the en-suite bathrooms, the floor was heavily stained, there was dark mildew around the sky light, and high dusting was required. The veneer on a storage unit was damaged and the shower toiletry caddy was rusty which impinged on how effectively they could be cleaned. The inspector was also advised that there

was no arrangement for cleaning the shower curtain.

In the kitchen, the blinds were broken and stained. The kitchen units were worn and some of the veneer had detached which posed a risk of bacteria harbouring. The inspector also observed poor storage arrangements in the kitchen and storage room as boxes were stored on the floor. In the utility room, the washing machine drawer was dirty, and the inspector was informed that there was no arrangement for cleaning the washing machines. The inspector observed other poor practices in the centre, for example, there were no alginate bags for the management of soiled laundry (as referred to in the provider's IPC policy).

Some residents did light household chores, for example, cleaning the counters and emptying bins. Staff in the centre were required to clean the centre, in addition to their primary roles. However, there were no documented cleaning schedules or records to inform their practices or to show that the centre was being cleaned.

The hand washing facilities also required more consideration. For example, in the utility room there was no hand soap or paper towels. Furthermore, there was no paper towel dispenser in one of the staff bathrooms, and hand drying towels were stored near the toilet facility. However, this required improvement as it posed a risk of infection cross contamination. The inspector observed several bottles of hand sanitiser in use were beyond their expiry date, and the inspector was not assured that the provider had determined if they were still fit for purpose.

The provider had ensured that there was an adequate supply of PPE, and there were arrangements to access more if required.

Regulation 27: Protection against infection

The registered provider had developed systems and processes to prevent, control, and protect residents from the risk of infection, and the inspector observed some practices which were consistent with the national standards for infection prevention and control (IPC) in community services. However, overall the practices were inadequate, and improvements were required in order to meet compliance with the associated regulation.

The arrangements for the oversight and monitoring of IPC in the centre was poor. There had been no IPC audit carried out in the centre to assess the effectiveness of the IPC arrangements. While a self-assessment audit had been completed in November 2022, the inspector found that some of the measures noted in the audit were not in practice. The IPC preparedness was also not being implemented in full.

The provider had prepared written policies and guidelines on IPC matters, however some of the guidelines were not readily available for staff to refer to in order to guide their practice. Some of the supporting documentation such as risk assessments required more consideration and revision to ensure that they were

accurate and specific to the centre.

Some of the staff working in the centre required IPC training to support them in understanding and effectively implementing IPC precautions and measures.

The inspector observed poor storage arrangements, and some areas of the centre were dirty.

There were no cleaning schedules to inform cleaning practices, and there were no records to demonstrate that the centre was being cleaned.

Attention was also required to some of the furnishing and fittings to mitigate potential infection hazards such as rust.

The hand washing facilities required improvement to support good hand hygiene.

The arrangements for management of soiled laundry were not adequate.

Residents' healthcare needs had been assessed which informed the development of care plans. However, some of the assessments were overdue review and some plans required revision.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Not compliant

Compliance Plan for Cromwellsfort Road Residential OSV-0002395

Inspection ID: MON-0039230

Date of inspection: 06/04/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> o St Michael's House CNS in infection control will attend a staff meeting in July/August to provide further guidance and to ensure that the Providers policy on IPC is being implemented by all staff. o St Michael's House CNS carried out an IPC audit on 4th May '23 and action from this inspection will be populated onto the Centre Quality Improvement plan for monitored and oversight by the PIC, advice and guidance given to pass on at staff meeting on 10th May and she will attend a meeting in the coming months. o PIC has printed off IPC Policy and guidelines for all staff to access o PIC has completed monthly IPC audits, and this will be monitored by the service manager o PIC has ensured that good hand hygiene practices are adhered to within the centre and that towel dispenser are replemished when required o PIC has reviewed the IPC preparedness plan for the unit and amende to ensure it is unit specific. The IPC preparedness plan was discussed at staff meeting on 10th May 2023. o PIC has reviewed all risk assessments to ensure that they are unit specific. This is now completed for the Inspector to review o Risk assessment for soiled laundry and bodily fluids has been completed and is now in place o Alginate bags are now in place for soiled laundry items. o Health and Safety checks were not available for the Inspector to review on the day of Inspection. PIC has ensured that the quarterly checks are filed accordingly, and all staff can locate them o A robust cleaning roster is in place for all staff to follow and PIC is actively monitoring this o PIC has ensured that all hand sanitizer bottles are within the expiry date. o PIC has ensured that the kitchen area is de-cluttered and is part of the cleaning roster 	

- o House meetings for residents are now clearly documented with actions and evidence of when actions are completed.
- o PIC has documented resident complaint of wanting more staff time and protected time is allocated on the roster to ensure this happens.
- o PIC has reviewed and will continue to review all residents AON and plans and assessments have been reviewed and reflect the current needs of the residents.
- o PIC has scheduled allocated time on the roster to ensure that all staff will be trained in IPC by 16th May following discussion at staff meeting on 10th May.
- o PIC has scheduled ASD specific training for the staff team and will be completed by 7th June/. Psychologist will facilitate training on 7th June.

St Michael House Director of Estates and Housing Association management team were informed of the necessary works required and a comprehensive schedule of works has been identified for the Centre:

- o Kitchen will be upgraded by 30 Dec 2023.
- o New blinds have been ordered and will be fitted by July 31st 2023.
- o Shelves will be installed in storage room to prevent items been stored on the ground. Technical Services advised a completion date of December 2023 in relation to the completion of works.
- o Nails will be removed in the sitting room wall by August 2023.
- o Storage area to be installed in Kitchen to ensure that it is de-cluttered, and items are not stored on ground level by end of December 2023
- o Rust on radiators to be repaired, new towel rack/ radiator ordered by maintenance. To be completed by end of June 2023
- o Furnishing and fittings to mitigate potential infection hazards such as rust have been removed.
- o Mold around Velux window has been reported to the maintenance dept and will be addressed by end of December 2023.
- o Fire door in resident bedroom has been repaired on 5th May 2023, door is closing with no issues now.

A comprehensive list of requests has been submitted to the maintenance department in relation to the actions outlined above. On the 5th of May 2023 a response was received which laid out a completion date for all required works to be the end of December 2023.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	31/12/2023