



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

Issued by the Chief Inspector

Name of designated centre:	Whitehall Lodge
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	24 August 2022
Centre ID:	OSV-0002396
Fieldwork ID:	MON-0035757

About the designated centre

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

Whitehall Lodge is a designated centre operated by Saint Michael's House located in South County Dublin. It provides a community residential service for up to five adults with a disability. Whitehall Lodge aims to provide a homely environment where individuals are supported to live as independently as possible and make choices about their lives. The centre is located in a residential area and is close to local shops and public transport links. The centre is a bungalow which comprises of five resident bedrooms, staff bedroom, communal sitting room, kitchen/dining room, utility room and two bathrooms. There is a patio area leading off the living room that can be used for dining and relaxing. The centre is staffed by a person in charge and social care workers. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required by residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 24 August 2022	08:45hrs to 15:00hrs	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.

The centre comprised a large bungalow. The house was conveniently located close to many amenities and services including shops, restaurants, and parks. The inspector observed COVID-19 signage on the front door, and hand-sanitiser and face masks were available at the entrance hall. The house was bright and spacious, and each resident had their own bedroom which were decorated to their tastes. There was also a nice garden space for residents to use. The centre was decorated in a homely style.

However, some areas of the premises were not well maintained and found to require cleaning and attention to mitigate potential infection hazards and to meet optimum IPC standards.

The inspector met the residents living in the centre before they left to attend their day services. Two residents chose to speak with the inspector. One resident told the inspector that they liked living in the centre and found the house to be comfortable with adequate space. They said they liked their housemates and the staff working in the centre. They told the inspector that they enjoyed their day service and activities in the centre, such as baking. They had no concerns about the service provided to them in the centre, but advised the inspector that they could speak to the manager if they ever had any problems. They told the inspector that they found some of the COVID-19 restrictions hard, and staff helped them by being very "nice" and supportive during these times.

Another resident also told the inspector that they liked living in the centre. They had recently got a new electric bed and said they were very happy with their bedroom which was decorated with photos of their loved ones. They said that for the most part they got on well with their housemates. They attended a day service, and said at the weekends they liked to go out for lunch, go to mass, and relax at home. They told the inspector about how their key workers in the centre supported them with their health care needs such as their dietary needs, and that they found the person in charge to be very helpful. They said they found the COVID-19 visiting restrictions tough as they could not see visit their loved ones, however kept in touch through phone calls.

The other residents did not verbally communicate with the inspector, however appeared content and comfortable in the presence of staff.

The last annual review of the quality and safety of care and support in the centre had consulted with residents and their families. The feedback from families indicated that they were happy with the service provided in the centre. Residents' feedback

was mostly positive, however some residents said that they did not like when other residents shouted at times. There were some resident compatibility issues in the centre, and the provider had plans for one resident to move to a centre that could better meet their assessed needs. In the meantime, the person in charge had ensured that safeguarding plans were in place to guide staff on the measures to protect residents from peer to peer incidents.

The staff complement consisted of the person in charge and a team of social care workers. Staff were observed interacting with residents in a kind and personable manner, and they appeared to have a very good rapport. The inspector spoke with staff members during the inspection. They had worked with the residents for several years and it was clear that they knew them well.

Staff advised the inspector that while they felt the quality and safety of care and support provided to residents was generally good, at times it was challenging to provide a quality service due to the high support needs of some residents. Staff also spoke about some of the infection prevention and control measures in the centre, and the inspector found that staff required further guidance to ensure that the measures and procedures outlined in the provider's IPC policy were being implemented.

Staff told the inspector about how residents had been supported to understand IPC and COVID-19 measures through discussions and use of easy-to-read information. The inspector observed COVID-19 easy-to-read information displayed on a notice board in the dining room, along with guidance on fire safety, menu planning, and the Assisted Decision-Making (Capacity) Act 2015. During times of visiting restrictions, residents had been supported to keep in contact with their families through phone calls, video technology, and window visits.

The inspector found that overall residents living in the centre had a good quality of life and were supported in line with their will and personal preferences.

The inspector observed some positive IPC practices and measures in the centre, such as good governance arrangements and resources, access to personal protective equipment, and staff wore face masks in line with public health guidance.

However, other arrangements required enhancement, such as the effective implementation of the provider's IPC policy, the standard of some documentation, and, as mentioned earlier, the cleanliness of the premises. Improvements were required to ensure that a good standard of IPC was maintained and that the registered provider was effectively managing the risk of healthcare-associated infection.

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 arrangements and systems to support the delivery of safe and effective infection prevention and control (IPC) measures, consistent with the national standards, were not sufficient.

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, staff could contact the service manager with any concerns, and there was also an outside of normal working hours system for staff to utilise. The provider also had an established IPC team and helpline available to provide ongoing guidance and direction to the centre on IPC matters.

The service manager conducted regular group meetings with the persons in charge reporting to them. Minutes were maintained of the meetings, and the inspector found that IPC and COVID topics were regularly discussed, such as updates to policies, implementation of measures, and learning from IPC inspections conducted in other centres was shared.

The provider had prepared a written suite of IPC policies, procedures and guidelines which were available for staff to refer to. In response to the COVID-19 pandemic, the provider had also developed and circulated specific information on COVID-19 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. Staff also had access to public health information on COVID-19 and IPC, however there was no copy of the National Standards for Infection Prevention and Control in Community Services (2018) in the centre.

The provider and person in charge had implemented systems to monitor infection prevention and control (IPC) arrangements in the centre. The annual review consulted with residents and staff on their experiences of the COVID-19 pandemic, for example, staff described challenges in completing training during the pandemic. The recent six-month report on the quality and safety of care and support provided in the centre did not include regulation 27, but did review other regulations such as regulations 17 and 26 that were relevant to infection prevention and control, and identified actions for improvement.

Health and safety audits had also been carried out which covered aspects of IPC, such as laundry, waste management, housekeeping, and storage of cleaning chemicals. A hygiene audit was completed in 2018 however, there had been no follow-up audit since then. Monthly infection control checklists were completed to identify and mitigate any IPC issues, such as staff training, access to personal protective equipment (PPE), cleaning, and outbreak plans. An IPC self assessment tool had been completed to assess the arrangements in the centre, however the tool

was not signed or dated to indicated when it was completed. The effectiveness of the monitoring systems required review by the provider based on the findings of this report.

The person in charge had completed a suite of risk assessments on IPC matters including COVID-19 and other infection hazards. The risk assessments identified associated control measures to mitigate the risks. However, the inspector found that further risk assessments required development on other potential IPC risks that presented in the centre, for example, the management of soiled laundry.

Staffing in the centre consisted of social care workers. There were no vacancies, and the person in charge advised the inspector that the staff complement and skill-mix was adequate to the residents' needs. Staff could avail of an immunisation programme if they wished. All staff were required to complete IPC training to support them in understanding and implementing IPC measures, however training records indicated that a number of staff required refresher training.

The inspector viewed a sample of the monthly staff team meeting minutes and found IPC to be a regular agenda item to support staff knowledge, for example, discussions had taken place on use of PPE, cleaning requirements, and updated guidance. There was an adequate supply of personal protective equipment (PPE) and accompanying guidance for staff to refer to.

The inspector spoke to some staff, and found that their understanding of the IPC measures to be implemented in the centre required improvement, for example, some staff were not sure on the arrangements for cleaning bodily fluids which were described in the provider's policy, and required further guidance on the cleaning of residents' equipment. Staff also spoke about how cases of COVID-19 had been managed, general IPC precautions, and some aspects of their IPC training. Staff advised the inspector that they had no IPC concerns, but could contact the provider's IPC nurse if need be.

There had been positive cases of COVID-19 in the centre earlier in the year. Persons affected recovered well, and the inspector was advised that the outbreak was managed well with good support from the provider.

Quality and safety

There were no recent admissions or discharges in the centre. The residents living in the centre had varied health care needs and the provider had ensured that appropriate supports were in place to meet their needs. The person in charge had ensured that residents' needs were assessed which informed the development of personal care plans. There was also accessible information, such as social stories, to help residents understand their individual health-care needs.

One health care plan required a minor update to accurately reflect all of the

associated interventions. Residents had timely access to a wide range of multidisciplinary team services, such as public health nursing, dietitian, dentist, general practitioners, speech and language therapy, and positive behaviour support. Where they wished to, residents had been supported to avail of COVID-19 and flu vaccinations programmes.

Residents had been supported to understand IPC and COVID-19 measures through discussions and use of easy-to-read information at residents meetings. The inspector viewed a sample of the residents' meeting minutes and found that topics, such as hand hygiene, respiratory etiquette, cleaning, and COVID-19 measures had been discussed. During times of visiting restrictions, staff had supported residents to maintain contact with their families through phone calls, video technology, and window visits.

The upkeep and cleanliness of the centre was poor and posed an infection risk. Some flooring required maintenance and repair which impinged on how effectively it could be cleaned. Furniture, such as sofas, and flooring in some rooms required cleaning. The kitchen cupboards were very worn and damaged in places. There was also thick dust observed in areas of the kitchen. The two freezer door seals were dirty; one of the doors did not close properly and the inspector observed frozen food melting which posed a risk to residents' health if consumed. The practices of drying medicine cups on radiators in the kitchen required improvement.

Residents' personal equipment appeared clean, however general equipment, such as electric fan, were dirty. The utility room was very cluttered, and required cleaning, as dead insects and thick dust was observed on the window sill. Mop heads were inappropriately stored in a box with other items such as cloth face masks. The bathrooms were dirty in areas and required enhanced IPC arrangements, such as availability of appropriate bins. In the main bathroom, residents' personal grooming items, such as nail clippers and razors, were stored in a dirty container and poorly segregated which presented a risk of cross contamination of infection.

Staff completed cleaning duties in addition to their primary roles. There was a good stock of cleaning chemicals with associated safety data sheets. Colour coded cleaning equipment such as mops and buckets were used as a measure against risk of cross contamination of infection.

However, the buckets were not appropriately stored and some required cleaning. Furthermore, the use of colour coded clothes as described in the provider's policy was not implemented in the centre. Cleaning schedules were in place, however required enhancement to include other duties, for example, cleaning the washing machine, and to align to the provider's policy. There were also gaps in some of the cleaning records which indicated that the cleaning duties had not been carried out.

The arrangements for the management of soiled laundry were not in line with the provider's policy and posed an infection risk, as there were no alginate bags in the centre and staff spoken with were not aware of their use, which was described in the provider's policy. Some of the waste management arrangements also required improvement, as the inspector observed a yellow sharps bin that was not properly

stored or closed over which presented an infection hazard.

Generally, there were good hand-washing facilities however, the inspector observed a bottle of hand-sanitiser in use with a passed expiry date.

The person in charge had developed a detailed plan to manage potential outbreaks of COVID-19. The plan was not dated to indicate when it was last updated, and required expansion to consider other infections beyond just COVID-19. The plan also required further information on the supports that residents may require if they had to self-isolate, for example, it was known that some residents would not self-isolate in their bedroom and alternative arrangements may be required.

Regulation 27: Protection against infection

While the registered provider had developed and implemented systems and processes to prevent, control, and protect residents from the risk of infection, the inspector found that improvements were required to strengthen them to ensure they were effective and to meet optimum standards.

The provider had prepared good written policies and procedures on IPC matters which were readily available for staff to refer to. However, aspects of the policies were not implemented in practice, such as appropriate arrangements for soiled laundry and use of colour coded clothes as a measure against cross contamination of infection.

Staff working in the centre were trained in infection prevention and control precautions and measures, however some staff required refresher training, and the inspector found that staff knowledge on some of the IPC matters discussed required enhancement.

The oversight of IPC in the centre was not sufficient to ensure that IPC risks and hazards were assessed and mitigated. Risk assessments had been carried out to identify IPC hazards and areas for improvement, but it was found that some risk assessments required further development. The COVID-19 management plan required expansion and further consideration, and more information on the residents' individual needs.

Areas of the premises were dirty and required attention and upkeep to mitigate infection hazards. The cleaning records required enhancement to ensure that they were in line with provider's policy and fit for purpose. The inspector also observed poor practices that posed infection risks, such as poor storage and segregation of residents' personal grooming products, poor storage of cleaning equipment, and insufficient arrangements to support good waste practices.

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 Whitehall Lodge OSV-0002396

Inspection ID: MON-0035757

Date of inspection: 24/08/2022

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	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"> • St Michaels House CNS in infection control will be attending the next staff meeting on the 13/10/22 to give further guidance to ensure that the measures outlined in the providers IPC policy are being implemented. • St Michaels House CNS in infection control carried out a hygiene inspection audit on the 6/9/22 and actions from this inspection will be populated onto the centres Quality Improvement plan for monitoring and oversight by the PIC • New mops and mop buckets were bought to follow colour coding as per policy. • New clothes were bought to follow colour coding as per policy. • House plan was amended to reflect all infectious diseases and other places when residents can choose to isolate (ie. sitting room), • St Michaels House Fire Officer was informed of the 2 doors that were not staying opened and this was addressed by maintenance. • IPC lead has been changed and is reflected in the roster so every day there is an IPC lead for each shift. <p>ST Michaels House Director of Estates and the Housing association management team were informed of the works required and a comprehensive schedule of works has been identified for the centre:</p> <ul style="list-style-type: none"> • The kitchen unit will be upgraded by 30/6/23 • Flooring will be replaced by the 31/3/23, including Utility room, bathroom and small sitting room. • The Kitchen flooring will be completed with the upgrade to the kitchen unit by the 30/6/23 <p>Painting: The below areas were identified for painting and will be completed by the</p>	

31/3/23

- Hallway Velux window mould to be replaced
- Ceiling mildew to be replaced
- Small sitting room to be painted.

SMH maintenance department will carry out the following works by the 31/12/2022:

- Small sitting room: wires hanging to be tidied.
 - Small toilet: wash hand basin to be replaced.
 - Kitchen: tiles to be replaced
 - Bathroom: tiles to be replaced
 - Bathroom: rust to the end of toilet bowl, screws to be replaced with stainless steel
 - Bathroom handrails to be changed once arrived.
 - Resident room: sockets to be changed.
 - Hand rails for both bathrooms were ordered and we are waiting on delivery.
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- Risk assessment for soiled laundry completed.
 - Risk assessment for volumatic inhaler completed.
 - Care plans identified during the inspection were amended to reflect the needs of the residents
 - Capex forms were submitted to the Director of Operations and Director of Finance requesting funding for the following items: New table and chairs, 3 bedside lockers, small shed to house the mops and under counter freezer.
 - A resident will moved out following a positive consultation, and a new bed will be got to suit the needs of the new resident.
 - A robust cleaning schedule is now in place. Particular attention has been paid in the decluttering and cleaning of surfaces.
 - All staff have covid 19 training up to date. The PIC will ensure all staff keep training up to date going forward.
 - Sharp box is now kept in locked press and box is kept closed.
 - OT contacted to order a new shower chair.
 - Laundry room was decluttered and cleaned, a new box with a lid was got to prevent contamination.
 - Copy of the national standards for infection prevention and control in the community (2018) in the centre now.
 - 6 monthly audit carried out by SMH Service Manager includes IPC control measures.
 - IPC self assessment tool is now signed and dated.
 - IPC policies will be discussed at staff meetings.
 - A through clean of the centre has been completed by the night staff and this will be monitored closely by the PIC going forward.
 - The PIC has assigned nightly jobs to ensure that the entire house has been cleaned, decluttered and dusted. This included kitchen, laundry room, washing machine, big bathroom, small sitting room, skirting boards, kitchen presses and all other areas in the house
 - New plastic drawers were purchased for the big bathroom to ensure that all items are closed and are contained and there is no mixing of products between residents, to avoid cross contamination
 - All bins are pedal operated in the house now.

- Both freezers have been defrosted now and one will be replaced by 15/10/22.
- Staff reminded that medicine cups are to be dried and stored once cleaned.
- Electric fan has been cleaned.
- All hand sanitisers in the premises are in date.

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	30/06/2023