



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

Issued by the Chief Inspector

Name of designated centre:	Glendoher
Name of provider:	St Michael's House
Address of centre:	Dublin 16
Type of inspection:	Unannounced
Date of inspection:	03 May 2023
Centre ID:	OSV-0002401
Fieldwork ID:	MON-0039697

About the designated centre

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

Glendoher is a designated centre operated by St. Michael's House. The centre is a community based home for six adults with an intellectual disability. It is located in a suburban area of County Dublin with access to a variety of local amenities. Glendoher provides supports to residents under a social care model of service delivery. It is staffed by social care workers and managed by a social care leader. Should residents require nursing support it is offered through the nurse on-call service. Residents are supported to participate in the local community in line with their wishes and preferences. The centre comprises of one house which is a two-storey dwelling. Each resident has their own bedroom, and there are two communal sitting rooms, a large kitchen come dining area, utility room, three shared bathrooms and a large secure back garden at the rear of the property. Staff support is offered 24 hours a day, seven days a week and rosters are changed as required in line with residents' care and support needs.

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 3 May 2023	08:50hrs to 14:45hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in the centre in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. Overall, it was found that the registered provider and person in charge had implemented good arrangements and systems to support the delivery of safe and effective IPC measures, however some improvements were required to meet optimum standards.

The centre comprised a large two-storey building in a busy Dublin suburb close to many amenities and services including shops, pubs, and public transport. There was no vehicle in the centre, however residents could walk to local amenities, and use public buses and taxis.

The inspector completed a thorough walk-around of the centre. The centre was found to be bright, homely, comfortable, and generally clean. The communal space including a kitchen dining area, two sitting rooms, bathrooms, utility room, and a spacious well maintained garden. The kitchen was well equipped, and the inspector observed a good selection and variety of food and drinks for residents to choose from. Residents' bedrooms were comfortable and decorated in line with their personal tastes.

The inspector observed good IPC practices and arrangements, such as access to personal protective equipment (PPE), a good supply of cleaning chemicals, and staff were observed using appropriate colour-coded cleaning equipment when cleaning as a measure against infection cross contamination. However, areas of the centre required attention to mitigate infection hazards, such as dark mildew in bathrooms, and damaged kitchen presses that posed a risk of bacteria harbouring. These matters had been already identified by the provider, and are discussed along with other premise issues further in the report.

Five residents were living in the centre and there was one vacancy. Two residents were in day services, and the inspector did not have the opportunity to meet them. The inspector met three residents, two did not communicate their views on the service. One residents spoke with the inspector. They said that they were happy living in the centre and loved their bedroom, however they wished for more pictures to be hung up. They showed the inspector some of their art work displayed in the centre and spoke about a recent exhibition of their work in a local library. They said that the staff in the centre were "lovely". Staff did most of the cooking, and the resident was happy with this arrangement as they often had their favourite meals. They were aware to evacuate the centre in the event of the fire alarm activating. They attended a day service and enjoyed activities, such as art, bingo and exercises. At weekends, they liked to go shopping, to the cinema, visit family, and eat out. They got on with their housemates, however told the inspector that noise during the night often woke them and disturbed their sleep. They had no other concerns, but said that they would speak to staff if they had. They spoke about their experiences

of the COVID-19 pandemic, and was aware of some of the precautions, such as good hand hygiene.

The provider's recent annual review of the service had consulted with residents and their representatives. Residents' feedback was positive and indicated their satisfaction with living in the centre. Their representatives had also provided positive feedback, and no complaints. The annual review reflected on the impact of the COVID-19 pandemic, such as the disruption to day services.

Residents attended regular house meetings, and the inspector viewed a sample of the recent meeting minutes. They noted discussions on activity planning, household chores, menu planning, and IPC measures, such as hand hygiene, use of PPE, and respiratory etiquette. The inspector also observed information on COVID-19, rights, healthy eating, independent advocacy services and the statement of purpose displayed in the centre for residents to refer to.

The person in charge was not on duty during the inspection, and it was facilitated instead by a social care worker working in the centre. The inspector observed them engaging kindly with residents, and offering them choice and control, for example, with their meals and social activities.

The inspector spoke with three social workers during the inspection. Overall, they felt that residents received a good quality and safe service in the centre. They said that staff worked well together to meet residents' needs and provide appropriate supports. Residents had varied needs, some of which were changing due to their mobility and mental health, and they had good access to multidisciplinary services. There were some recent peer-to-peer safeguarding concerns, and they had been reported and managed in line with the provider's policy.

They told the inspector of their concerns about the night-time staffing arrangements. The sleep over shift was twenty hours, commencing at two in the afternoon and finishing at ten in the next morning, however the needs of some residents required staff to be awake frequently throughout the night. This posed a risk to the service, as staff were required to complete care duties, such as administering medications, on minimal and disruptive levels of rest. The needs of residents were also disturbing the sleep of other residents due to noise from vocalisations and sensor alarms. Staff had escalated these concerns to the management team. The inspector raised this matter with the service manager before the inspection concluded. They were aware that the staffing arrangements were not appropriate, and was making efforts to enhance the arrangements.

Staff also spoke about some of the IPC measures in the centre, such as management of soiled laundry and bodily fluid spills, cleaning of residents' equipment, IPC training, hand hygiene, wearing PPE, and outbreak plans.

From what the inspector was told and observed during the inspection, it appeared that overall, residents received a good quality of service and were being supported through a person-centred approach.

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

The inspector found that the provider had implemented good practices and care arrangements to support a good standard of infection prevention and control (IPC), however some enhancements were required to meet full compliance with the associated standards.

There was a clearly defined governance structure with associated roles and responsibilities for the centre. The person in charge was responsible for two designated centres and reported to a service manager. 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. They also shared updates on COVID-19 and IPC matters with the provider's centres as required, for example, updates to public health guidance.

The provider had prepared a written IPC policy which was available in the centre. The policy included information on the relevant roles and responsibilities, standard and transmission based precautions, hand hygiene, use of personal protective equipment (PPE) and procedures for managing waste, laundry, and bodily fluid spills. A folder was also available in the centre with information from the provider and public health on COVID-19 and IPC matters, however most of the information was old, for example, the most recent information was dated early 2022.

The infection outbreak management plan was not dated to indicate when it was last reviewed, and the inspector found that minor updates were required. The provider had ensured that there was an adequate supply of PPE with guidance on its use, and there were arrangements to easily access more if required.

The provider had implemented good systems to monitor IPC arrangements in the centre. The IPC team carried out a detailed audit in October 2022. Provider-lead annual reviews and six-monthly reports on the quality and safety of service, and regular health and safety checklists had also reviewed aspects of IPC. However, the self-assessment tool completed by the person in charge was last updated in May 2022, and the last monthly infection checklists were dated March 2023.

The inspector found that actions for improvement from audits and reviews were being monitored by the person in charge, and progressed to ensure completion, for example, rust on grab rails had been addressed.

A range of COVID-19 and infection related risk assessments had been completed. However, the inspector found that some risk assessments were overdue review or

required revision, and others were not specific to the centre which impinged on their purpose. Staff told the inspector that the risk assessments were due to be reviewed after some staff attended risk assessment training later in the month.

It could not be demonstrated that all staff had completed relevant IPC training to support their practices and effective implementation of IPC precautions and measures, as complete staff training records were not available in the centre during the inspection.

Staff working during the inspection spoke about some of the IPC measures in the centre, and they had a good understanding of the matters discussed. They had no concerns about IPC in the centre, but advised the inspector that they could escalate any concerns or queries to the person in charge or IPC team. Staff team meeting minutes also noted discussions on IPC matters, such as infection hazards in the premises, use of PPE, and relevant policies.

Quality and safety

There had been no new admission to the centre, or recent hospitalisation of a resident. Residents had varied healthcare needs and the provider had ensured that appropriate supports were in place to meet them. Residents had access to a wide range of multidisciplinary services, including psychology, dentistry, chiropody, speech and language, occupational therapists, general practitioners and specialist consultants.

The residents' healthcare needs were assessed annually using an assessment of need form. The assessments informed the development of care plans. The inspector chose to review two residents' assessments and plans. The first assessment of need was comprehensive and up to date, however the second assessment of need could not be located by staff during the inspection to demonstrate that it had been completed. The care plans viewed by the inspector, such as safety, mental health, intimate care, skin, mobility, and epilepsy, were up to date.

IPC matters such as hand hygiene and respiratory etiquette had been discussed at residents' meetings to support their understanding in these areas. Easy-to-read information on COVID-19 and IPC precautions had also been prepared for them. Where they wished to, residents (and staff) could avail of COVID-19 and flu vaccinations programmes. During times of national COVID-19 restrictions, residents had been supported to keep in contact with their loved ones through video calls and garden visits.

The premises was comfortable, homely, nicely decorated, and appropriate to residents' needs. However, some upkeep and mitigation of infection hazards was required, for example, the kitchen presses were damaged, kitchen chairs were frayed, and there were minor chips on the counter veneer. There was also mildew in two bathrooms, and a bathroom window sill needed repainting to prevent bacteria

potentially harbouring. Some of these matters had been identified in audits and reports carried out by the provider and were escalated to the provider's maintenance department. The kitchen will be renovated in quarter three of 2023.

The storage arrangements required more consideration, as the inspector observed boxes stored on the floor in the large sitting room, office, and utility room, which impinged on the cleaning of these areas.

Social care staff completed cleaning duties, in addition to their primary roles. Cleaning schedules were used to inform their practices. Overall, the centre was clean, however the fridge required cleaning, and staff cleaned it during the inspection. The inspector viewed a sample of the recent cleaning records, and found that they required expansion to include other duties such as cleaning of shower curtains. Some of the records had not been completed, for example, there were gaps in the daily cleaning records, and the washing machine cleaning records for 2023 were blank. There was also conflicting information regarding the cleaning of nebuliser masks. Unused taps were to be flushed weekly to reduce the risk of legionella, however the recording of the flushing was inconsistent, for example, the last date recorded was in March 2023.

There were arrangements for the safe management bodily fluid spills and soiled laundry, such as alginate bags, cleaning chemicals with safety data sheets, and documented guidance. There were also good hand hygiene facilities including soap, hot and cold water, paper towels, and waste receptacles. However, the expiry date on some bottles of hand sanitiser had passed, for example, April 2021, and assurances were required to ensure that they were still fit for purpose.

The inspector also found the maintenance of the sharps bin (stored in a locked medication press) required improvement, as it had not been properly assembled and posed a risk of the contents falling out.

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. The systems and process including preparation of infection prevention and control (IPC) policies and procedures, effective oversight and support from the provider's IPC team, availability of personal protective equipment, and use of appropriate cleaning chemical and equipment.

However, some improvements were required to demonstrate full compliance with the associated national standards, such as;

- The infection outbreak plan required review.
- Some IPC and COVID-19 risk assessments required updating and localisation to the centre.
- Complete staff training records were not available to demonstrate that all

staff had completed IPC training.

- Up-to-date assessment of need forms were not available for all residents to demonstrate that their healthcare needs had been assessed.
- Premise issues posing infection risks required mitigation.
- The use of hand sanitiser with passed expiry dates required consideration to ensure they were fit for purpose.
- The cleaning schedules required expansion, and consistent recording of cleaning duties and flushing of unused taps to demonstrate that they were completed.
- The maintenance of sharp boxes required improvement to ensure that they were properly assembled and stored.

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 Glendoher OSV-0002401

Inspection ID: MON-0039697

Date of inspection: 03/05/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The infection outbreak plan required review. <p>The Person in Charge has reviewed and updated the outbreak plan. This will be reviewed every 6 months. Completed 18/05/2023</p> <p>To come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Some IPC and COVID-19 risk assessments required updating and localisation to the centre. <p>The Person in Charge has reviewed and updated IPC and COVID-19 risk assessments. The Person in Charge will continue to monitor and review all risk assessments in line with the risk register.</p> <p>To come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Complete staff training records were not available to demonstrate that all staff had completed IPC training. <p>All staff have completed the IPC training and this is recorded in staff’s individual training audits. Audits are kept in the unit for inspection and training will be reviewed at staff meetings to ensure consistency.</p> <p>To come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Up-to-date assessment of need forms were not available for all residents to demonstrate that their healthcare needs had been assessed. <p>All assessment of need forms were reviewed and updated to reflect changing healthcare needs in line with SMH guidelines. All Residents have a comprehensive Assessment of need and this will be continued to be monitored and updated accordingly.</p>	

To come into compliance with Regulation 27: Protection against infection:

- Premise issues posing infection risks required mitigation.

The Person in Charge will submit issues that are posing infection risks to the Estates Team. Estates team will schedule an inspection to inspect the non compliance items. They will revert with an appropriate action plan solution and cost estimates. (Complete date 30/09/2023)

To come into compliance with Regulation 27: Protection against infection:

- The use of hand sanitiser with passed expiry dates required consideration to ensure they were fit for purpose.

All hand santizers have been examined for expiry dates and any items past their expiration dates have been disposed of appropriately, and replaced with new ones. Checking the expiry date will be added to the cleaning shedule.

To come into compliance with Regulation 27: Protection against infection:

- The cleaning schedules required expansion, and consistent recording of cleaning duties and flushing of unused taps to demonstrate that they were completed.

The checklist for cleaning was reviewed and is now in line with SMH policy. The Person in Charge will continue to communicate with staff the importance of IPC guidelines and will monitor cleaning audits are complete. IPC and cleaning audits will also be reviewed at staff meetings. Cleaning of the shower curtains will also be included cleaning schedule

To come into compliance with Regulation 27: Protection against infection:

- The maintenance of sharp boxes required improvement to ensure that they were properly assembled and stored.

The Person in Charge has reviewed the sharp boxes for correct assembly and the boxes are now stored on a lower shelf in the double locked medication press.

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	30/11/2023