



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

## Issued by the Chief Inspector

Name of designated centre:	Kennington
Name of provider:	St Michael's House
Address of centre:	Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	31 May 2022
Centre ID:	OSV-0002405
Fieldwork ID:	MON-0035754

## About the designated centre

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

Kennington is a designated centre operated by Saint Michael's House located in South Dublin. It provides community residential care to six adults with an intellectual disability. Residents with additional physical or sensory support need can be accommodated in Kennington. Kennington can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes and residents with well managed health conditions such as epilepsy or diabetes. The centre can also support people with a dual diagnosis of intellectual disability and mental health.

The centre is a two-storey building and comprises two sitting rooms, a kitchen/dining room, two bathrooms, utility room and seven bedrooms of which six are used by residents. The centre's seventh bedroom is used as an office and for staff overnight accommodation. The centre has a back patio garden area which includes a seating area and outside storage facilities. The centre is staffed by a full-time person in charge and a team of social care workers (6.5 whole time equivalent staff members). In addition, the provider has arrangements in place to provide if required, management and nursing support outside of office hours and at weekends.

**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
Tuesday 31 May 2022	08:40hrs 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 and to monitor compliance with the associated regulation. 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.

There were five residents living in the centre. On the day of inspection, one resident was working in paid employment and the other residents were observed partaking in different activities independently and with staff support. Some residents participated in community activities, such as shopping and having beauty treatments, while other residents spent more time at home and were observed engaging in activities, such as using electronic devices and preparing meals.

The inspector met all of the residents during the inspection, and some chose to speak with the inspector. One resident told the inspector about their family and involvement in a local sports club. The resident also told the inspector that they liked the staff working in the centre. The resident showed the inspector their bedroom; some of the resident's property was stored on top of their wardrobe. Staff moved the property to a more accessible area and the person in charge advised the resident that they would support them in looking at alternative storage options. The resident did not speak with the inspector about IPC matters.

Another resident told the inspector that they liked living in the centre and liked their housemates and staff. The resident told the inspector about trips to visit their family, their plans to go to the theatre at the weekend, and their job. The resident travelled independently to work and said they enjoyed working. The resident did their own laundry, and did some cooking and cleaning in the centre. The resident knew about good hand hygiene practice and respiratory etiquette which they demonstrated. The resident told the inspector that they found the COVID-19 restrictions tough and was glad that most restrictions had lifted. The resident was aware of some of the symptoms of COVID-19 and advised the inspector that they would speak to staff if they had any worries.

The other residents living in the centre did not communicate their views of the service or understanding of infection prevention and control (IPC) matters to the inspector. However, the inspector observed that the residents appeared relaxed and content in their home. It was also found that the recent annual review of the centre had consulted with the residents and their families, and their feedback was positive.

The inspector observed staff engaging with residents in a kind, respectful and warm manner, and it was clear that they had a very good rapport. Staff were also observed providing gentle support and reminders to residents regarding respiratory

etiquette.

The inspector observed staff cleaning the centre in accordance with the provider's policy, for example, using the correct colour coded cleaning equipment for different areas of the centre. The inspector spoke with some staff working in the centre. Staff described the quality and safety of care and support provided to residents as being very good and expressed that residents had a good quality of life. Staff were found to have a good understanding of the residents' care and support needs. Staff also spoke about some of the IPC measures implemented in the centre, such as IPC training, arrangements for the escalation of IPC concerns, use of personal protective equipment (PPE), and cleaning arrangements.

The centre comprised a large two-storey house. The house was conveniently close to many amenities and services including public transport. There was also a new vehicle available for residents to use. The inspector observed the atmosphere in the centre to be very homely and relaxed. The centre had been recently painted and decorated with some new furnishings, and was found to be warm, bright, and homely. Some renovation work had also taken place in the front of the house and bright flowers were planted. The residents' bedrooms were single-occupancy and decorated to their individual tastes. There was sufficient interior living space as well as a back garden for residents to use. The house had been deep cleaned by an external company in March 2022, and generally was found to be clean and well maintained. However, some areas required attention and upkeep. There were plans to renovate the kitchen; and to facilitate this work, residents would be vacating the house for a week and staying in a holiday home. The residents spoken with told the inspector that they were looking forward to the holiday and renovation of the kitchen. The provider's housing association had also recently visited the centre and identified some other areas requiring renovation.

The inspector observed hand washing facilities and personal protective equipment (PPE) to be available in the centre and there was signage on COVID-19, PPE and IPC displayed. There was also a sufficient supply of cleaning products and equipment.

The inspector found that the management of the laundry room was not conducive to effective infection prevention and control (IPC) and required improvement. The inspector also observed others areas and practices requiring improvement to meet optimum IPC standards, for example, the arrangements for waste, cleanliness and storage of mop buckets, cleaning and storage of personal equipment used by residents, and upkeep of bathrooms. These matters are discussed further in the report.

During the walk-around of the centre, the inspector also observed issues with some fire doors and exit doors. The person in charge took appropriate action to address these issues during the inspection.

The following sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

## 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 and management structure with associated roles and responsibilities. The person in charge was full-time and commenced in their role in February 2022. The person in charge was 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 were supported by the service manager and could also contact the nurse manager on-call if outside of normal working hours. The provider had an established team of IPC nurses, and there was also a COVID-19 officer and helpline for staff to use. The IPC team were available to the centre to provide guidance and direction on IPC matters, and had supported the centre during a recent COVID-19 outbreak.

The provider had prepared a suite of written policies, procedures and guidelines on IPC matters, some of which had been recently updated. The policies, procedures, and guidelines were available to staff in electronic and paper format. In response to the COVID-19 pandemic, the provider had also developed information on COVID-19 and IPC, such as updates on national guidance, visiting restrictions, and use of personal protective equipment (PPE). The information was circulated to the centre to ensure that the updated and current guidance was implemented to safely manage and reduce the risk of infection. The person in charge maintained a designated folder with all the relevant IPC and COVID-19 information for staff to easily refer to.

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 checklists to identify and assess IPC hazards and risks, and ensure that appropriate measures were in place. The person in charge also completed regular health and safety inspection checklists. The inspection checklists assessed some of the IPC arrangements, such as waste management, food safety, 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. The unannounced reports included some aspects of IPC such as environmental and COVID-19 risks. The annual review, carried out in March 2022, had consulted with residents and their representatives on their experiences of the COVID-19 pandemic. The last hygiene audit had been completed in 2018 and it was expected that an IPC audit by the provider's IPC team would be scheduled in the coming months. The provider's housing association had recently visited the centre and identified areas for renovation that would mitigate some IPC hazards presenting

in the premise.

The person in charge maintained a quality enhancement plan which tracked actions from audits and inspections. The quality enhancement plan included actions relating to IPC and was regularly reviewed to ensure that actions were progressed and achieved to drive quality improvement in the centre.

The person in charge had completed risk assessments on IPC matters including COVID-19, food safety, legionnaires disease, and other infectious hazards. The inspector reviewed some of the risk assessments. Water in an unused tap was flushed on a weekly basis as a control measure against the risk of legionella and records were maintained of the flushing. Some of the COVID-19 risk assessments were found to require revision to reflect changes in national guidance however.

There was an adequate supply of personal protective equipment (PPE) in the centre and it was securely stored. Checks of the PPE stock were completed on a regular basis to ensure that the supply was sufficient, and the provider had established good systems for the centre to easily access more PPE if required. The inspector observed staff wearing appropriate PPE (face masks).

The centre was staffed by a full team of social care workers. Staff working in the centre had completed infection prevention and control (IPC) training and the person in charge maintained training records. Staff had also completed food safety training as they were involved in the preparation and cooking of residents' meals.

The inspector spoke with some staff members about the IPC measures implemented in the centre. One staff member told the inspector about their IPC training and the components on hand hygiene, appropriate use of PPE, and COVID-19. The staff member also told the inspector about how a recent outbreak of COVID-19 in the centre was managed. The staff member felt that it was managed well and was complimentary of the support received from the management and IPC team. The staff member also told the inspector about some of the cleaning arrangements in the centre, for example, use of colour coded products and cleaning chemicals, and how bodily spills were managed. The inspector briefly spoke with another staff member. The staff member told the inspector about their IPC training, waste management, and the donning and doffing of PPE arrangements. The staff member also told the inspector about the symptoms of COVID-19 and the response to be taken in the event of a suspected case. Both staff members advised the inspector that they could easily escalate any IPC concerns to the person in charge or IPC team.

There were good arrangements for the sharing of IPC information within the staff team. To support staff knowledge on infection prevention and control (IPC) matters, IPC was a standard agenda item for discussion at team meetings. The inspector viewed some of the recent team meeting minutes. In February 2022, the team discussed IPC training and learning from recent IPC inspections carried out in other centres which demonstrated good shared learning practices. In March 2022, the team discussed updates to the centre's IPC folder, details of the provider's COVID-19 officer, and further learning from IPC inspections. In April 2022, the team



discussed cleaning practices in the centre and the risk of legionella.

Staff in the centre also used a 'communication book' to share pertinent information including information about IPC matters. The inspector viewed the communication book and found that information and updates were shared on use of PPE, cleaning of equipment, food safety, and guidance from public health.

## Quality and safety

The inspector found that residents living in the centre were receiving a good quality of care and support. Residents were supported to make choices and decisions about their individual care and support needs, and had control in their daily lives. Personal plans were developed to support residents with their assessed needs, and residents had access to health and multidisciplinary services. The inspector viewed a sample of care plans, and found that some care plans relating to skin care and recurrent infections required further development to ensure that the associated infection prevention and control (IPC) risks were noted with corresponding interventions.

Residents had access to easy-to-read guidance on IPC, including information on COVID-19 and vaccines. IPC was also regularly discussed at residents' meetings to support them to understand the associated risks and measures. The inspector viewed a sample of the residents' meeting minutes. In April 2022, the residents discussed hand hygiene and respiratory etiquette, and in March 2022, they discussed hygiene and appropriate ventilation. The discussions included practical examples of good IPC practices, for example, avoiding high touch areas in the community. COVID-19 quizzes were used at some meetings to further enhance residents understanding. As mentioned in the first section of the report, some of the residents told the inspector about IPC precautions and were observed adhering to good respiratory etiquette. The inspector also observed staff gently reminding residents about good respiratory hygiene.

As described earlier in the report, generally the centre was found to be well maintained and clean. The centre had been deep cleaned in March 2022 and recently redecorated and furnished. However, the inspector found some areas of the centre to require cleaning and upkeep as well as some practices and arrangements requiring improvement to ensure that IPC hazards and risks were mitigated.

The kitchen required renovation, and the provider had plans for these works to commence in the coming weeks. The utility room was found to be disorganised and cluttered, and not conducive to a safe environment for handling laundry; painting was required, and there was no soap or hand towels for staff to wash their hands. The person in charge was aware of the issues in the utility room and was considering options to improve the storage and facilities. It was also found that there were no alginate bags in the centre to be used in the event of soiled laundry.

Some of the bathrooms required attention and cleaning; fans and a shower chair

were observed to be dirty, and foot operated pedal bins and hand towel dispensers were required. There was also rust on toilet roll holders and bins which impinged on how effectively they could be cleaned. Flooring in some bathrooms and the veneer around a bathtub were damaged posing a risk of harbouring bacteria. The grouting in between the tiles in the shower used by staff required repair. The storage of personal equipment used by residents, such as toothbrushes and nail clippers also required improvement to prevent the risk of cross contamination of infection. The fabric on the office chair in the staff room was damaged and required repair or replacement.

Most of the premise issues described in this report had been already identified by the person in charge and provider and there were some plans to address them.

The storage of waste required improvement. The storage of a yellow waste box on the top of the medicines press in a communal living area was unsafe, and it was also found that the box had not been properly affixed and the lid was not properly closed. Old unused medicine bottles were also observed stored on top of the medicines press.

There was an adequate stock of cleaning products, equipment and chemicals. Staff in the centre completed the cleaning duties in addition to their primary roles. Staff spoken with told the inspector about the use of cleaning chemicals and equipment, and the cleaning regimes in the centre. The cleaning chemicals had corresponding safety data sheets to guide staff in using them safely. Colour coded products and equipment were used as a measure against the transmission of infection. Some of the mop buckets were observed to be inappropriately stored in the back garden and required cleaning. There were established cleaning schedules and tick lists for staff to adhere to. The inspector found that the cleaning tick lists required enhancement to include bathroom fans and equipment used by residents.

The person in charge had prepared written plans to be followed in the event of a COVID-19 or other infectious disease outbreak. The plans were detailed and included the arrangements for contingency staffing, access to PPE, access to specialist guidance, waste management, cleaning and visiting arrangements. The plans also referred to the support that residents would require during an outbreak. It was found that the plans would benefit from more cohesion to encompass the actions and arrangements into one comprehensive plan for staff to follow.

The centre had experienced a COVID-19 outbreak in April 2022. The person in charge advised the inspector that the outbreak was managed well with good support from the provider, the IPC team, and public health. The outbreak had not yet been formally reviewed to identify any potential learning. However, the person in charge had completed a self-assessment tool to assess the effectiveness of the COVID-19 measures implemented in the centre.

## 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 good quality 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 (IPC) in community services.

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. IPC and COVID-19 was discussed at staff meetings to ensure staff were aware of the precautions implemented in the centre. Residents had been supported to understand IPC and COVID-19 measures through accessible information and discussions at residents' meetings. There was an adequate supply of personal protective equipment (PPE) and cleaning products and chemicals (with accompanying safety data sheets) to be used in the centre.

The provider had also prepared written policies, procedures and guidance on IPC matters that were readily available in the centre to support the implementation of effective IPC precautions and systems. There was also an IPC team and resources to provide guidance and support to the centre. The person in charge had good oversight of IPC in the centre, and had conducted IPC checks and risk assessments to identify IPC hazards and areas for improvement. The centre had experienced a COVID-19 outbreak in April 2022, however, it was managed well.

However, it was found that some areas and practices required improvement to strengthen the IPC precautions and measures implemented in the centre, such as:

- Some COVID-19 risk assessments required revision.
- Infection outbreak plans required cohesion.
- Tick lists for cleaning duties required enhancement to incorporate all required duties.
- Some care plans required further development to ensure that the associated IPC risks were noted with corresponding interventions.
- The kitchen required renovation (plans are in place for these works to commence).
- Areas of the bathrooms required cleaning, including shower chairs, fans, and storage facilities.
- Bathrooms required renovation and upkeep to mitigate IPC hazards, for example, flooring and the bath tub veneer was damaged, and there was rust on bins and toilet roll holders which impinged on how effectively these areas could be cleaned.
- Some bins require upgrade and adequate paper towel dispensers were required in some bathrooms.
- The arrangements for storing personal items used by residents in communal bathrooms posed a risk of cross contamination of infection.
- The utility room was found to be disorganised and cluttered, and not conducive to a safe environment for handling laundry. There were no alginate bags (use of which is described in the provider's policy).
- Mop buckets were inappropriately stored and some required cleaning.
- The arrangements for the maintenance and storage of waste boxes and

unused medicines was poor.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Kennington OSV-0002405

Inspection ID: MON-0035754

Date of inspection: 31/05/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• Some COVID-19 risk assessments required revision. – Risk Assessments updated by PIC on 04.06.2022</li> <li>• Infection outbreak plans required cohesion. - Infection outbreak plans will be reviewed, updated and will be more cohesive. PIC will complete this on 11.07.2022</li> <li>• Tick lists for cleaning duties required enhancement to incorporate all required duties. – PIC updated the cleaning duties list and incorporated the cleaning of fans, shower chair and storage units in the bathrooms. This was completed on 31.05.2022</li> <li>• Some care plans required further development to ensure that the associated IPC risks were noted with corresponding interventions. – Care plans were developed to meet the needs of the resident and address the associated IPC risks. This was completed by keyworker and PIC. Team were updated on this 22.06.2022</li> <li>• The kitchen required renovation (plans are in place for these works to commence). - Kitchen renovation completed 10.06.2022</li> <li>• Areas of the bathrooms required cleaning, including shower chairs, fans, and storage facilities. – PIC addressed this on the day of the inspection 31.05.2022. The cleaning duties schedule now includes these items for regular cleaning.</li> <li>• Bathrooms required renovation and upkeep to mitigate IPC hazards, for example, flooring and the bath tub veneer was damaged, and there was rust on bins and toilet roll holders which impinged on how effectively these areas could be cleaned.</li> </ul>	

Flooring and bath tub veneer is to be repaired/replaced. This work will be completed by 30.09.2022.

The bins and toilet roll holders were replaced on 05.06.2022

- Some bins require upgrade and adequate paper towel dispensers were required in some bathrooms. All bathroom bins were replaced with heavy duty plastic bins this was completed on 05.06.2022. Towel dispensers were ordered on 23.06.2022 and will be installed by 31.07.2022
- The arrangements for storing personal items used by residents in communal bathrooms posed a risk of cross contamination of infection. – Residents personal items are stored in toiletry bags. Some residents have chosen to now store their items in their bedroom. Residents choosing to store items in bathroom cabinets will be supported to do this with using toiletry bags. This is in place since 04.06.2022
- The utility room was found to be disorganised and cluttered, and not conducive to a safe environment for handling laundry. There were no alginate bags (use of which is described in the provider's policy). - Presses in utility room have been decluttered created more space for more efficient storage. Alginate bags have been ordered and now in place 08.06.2022.
- Mop buckets were inappropriately stored and some required cleaning. – Mop bucket storage unit in place outside. Cleaning of mop of buckets on cleaning schedule. 31.05.2022

The arrangements for the maintenance and storage of waste boxes and unused medicines was poor. – PIC addressed this on the day. There is now a storage space for waste boxes in the bottom of the medication press. PIC address this with staff on the day. Addressed at staff meeting on 22.06.2022



## 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	30/09/2022