



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

## Issued by the Chief Inspector

Name of designated centre:	Ardmore
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	10 May 2023
Centre ID:	OSV-0002353
Fieldwork ID:	MON-0040108

## About the designated centre

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

Ardmore is a residential centre operated by St. Michael's House. It is located in a North County Dublin suburb. Ardmore caters for the needs of six male and female adults over the age of 18 years, who have an intellectual disability. The centre comprises one two-storey detached house which offers each resident their own bedroom, shared bathroom facilities, sitting rooms, a kitchen and dining area, utility and garden area. The centre is located close to public transport, shops and amenities. The centre is staffed with a team of social care workers and is managed by a person in charge who in turn reports to a senior manager.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
--	---

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 10 May 2023	10:00hrs to 18:00hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's compliance with Regulation 27: Protection against Infection and the associated National Standards for Infection Prevention and Control (IPC) in Community Settings (HIQA, 2018).

On arrival to the designated centre, the inspector was greeted by a staff member who informed them that the person in charge was on leave and the other staff member on shift was out of the centre supporting residents to go to their day services. The person in charge was contacted and made themselves available for the afternoon.

All four residents were also out of the centre when the inspector arrived. Three residents were attending their local day service and the other resident was gone to work. The inspector had the opportunity to meet and speak with residents when they returned to the centre in the afternoon.

The inspector met and spoke with staff who were on duty throughout the course of the inspection. They observed staff using several measures to reduce the risk of transmission of infection. This included regular hand washing and use of personal protective equipment (PPE) when preparing food.

The inspector was shown around the house by a staff member on duty. The communal areas had been re-painted and furniture in the sitting room replaced. The inspector was advised that, for the most part, residents had been involved and consulted in the decorating of the house. There were full hand sanitiser dispensers in each of the communal areas and paper towels available at each sink. One small room at the front of the house was being set up as a sensory room for all the residents to use and enjoy but was not yet fully fitted out at the time of inspection.

The kitchen area had been upgraded and replaced but the dining table in the kitchen was tired looking and had some scratches and marks on it, a table cloth was placed on it as a short term measure until it could be replaced.

Residents' bedrooms were decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident. One resident decided to return early from his day service to show the inspector around his home. He had a purpose built storage unit for his CD and DVD collection and was very proud of this new addition to his bedroom. This resident also had a voice controlled virtual assistant to allow him access and play the music he likes.

While the rest of the house had undergone refurbishment, the bathrooms were still in need of some improvements. The bathrooms themselves were clean but a windowsill and the side of the bath in one bathroom had chipped paint and scratches on it. The shower in the other bathroom had a small amount of mould

around the corner of the shower tray. The person in charge had identified these issues and made a request for these areas to be addressed to senior management.

One resident showed the inspector photos she had of a recent birthday party and another told the inspector about travelling to work independently. Two residents also talked about the house upgrade and how much they liked their home.

From speaking with the person in charge, staff and residents, it was evident that many precautions had been taken to keep residents safe from the risk of infection without negatively impacting their quality of life.

For example, residents were provided with infection control support plans which were person centred in nature and took into account residents' preferences, health, including their mental health needs during times where self-isolation may be required. One resident was supported to get to work independently and safely when some of the government restrictions lifted, another resident had a personalised risk assessment for when going out to meet family and friends in their homes which considered best practice controls and government guidance for infection prevention.

It was also clear that the management and staff had supported residents in understanding infection prevention and control measures. For example, the inspector observed in residents care plans how they were supported to make informed decisions about vaccinations, attend medical appointments and self administer medicines.

One resident told the inspector how they washed their hands especially after putting out the bins and how they self isolated when they had COVID-19 and how staff supported them to do so. The same resident told the inspector how they did their own laundry independently. Staff also modelled to residents good hand hygiene practices and this was observed throughout the inspection.

The inspector found that the residents were receiving a good quality service in a homely and suitably decorated house, supported by a staff team in line with the residents assessed needs.

The remainder of this report will present the findings from the walk-around of the designated centre, discussions with staff and a review of the providers' documentation and policies and procedures in relation to infection prevention and control. The findings of this review will be presented under two headings before a final overall judgment on compliance against regulation 27: Protection against Infection is provided.

## Capacity and capability

Overall, it was found during this inspection that the provider's management arrangements ensured that a good quality and safe service was provided for the

residents living in this centre. The residents quality of life was well supported and that the residents were safeguarded from infectious diseases, including COVID-19.

There was a clear organisational structure to manage the centre, with a suitably qualified and experienced person in charge who reported to the service manager. They worked a regular shift pattern with the rest of the staff team but had assigned specific management days throughout the roster. The person in charge was found to be present in the centre, knew the residents and their support needs, and was available to staff as required. They were responsible for ensuring that the provider's systems and policies regarding infection control were implemented and were knowledgeable and familiar with the organisation's infection, prevention and control policies and procedures.

The provider had completed an annual report of the quality and safety of care and support in the designated centre and this was made available to residents and their families who had been consulted in the process. Residents told the inspector they were happy the house was done up and they loved it. Feedback from residents' families indicated they had no concerns regarding the standard of care their loved ones were receiving and staff said they were very happy with the new kitchen and flooring.

In addition, six-monthly unannounced reviews of the quality and safety of care and support in the centre were carried out which took into account infection prevention control matters. Each review included an action plan and the person in charge had completed all of the IPC actions the most recent six monthly review had identified.

There was a monthly data report, which formed part of the organisation's governance arrangements in the centre, including matters relating to infection prevention control issues for example, a proposed plan for the bathroom upgrade and the need for a new dining table in the kitchen.

For the most part, the staffing levels and mix met the centre's infection prevention and control needs. The person in charge was endeavouring to provide continuity of care and support to residents when covering a vacancy and staff leave gaps. For example, they said that staff worked additional hours to cover the gaps in the roster. Where relief staff were required, the person in charge utilised the same small group of relief staff to cover shifts.

The provider had developed an infection, prevention and control policy which was up to date. The policy referred to the roles and responsibilities of staff, staff training and education, hand hygiene, sharps and waste management.

Under the national standards, it is important that providers ensure their staff have the competencies, training and support to enable safe and effective infection prevention and control. All staff IPC training was up-to-date, alongside training in medication management, first aid and food safety completed by all staff. Staff members spoken with were aware of how and to who to raise any infection prevention and control concerns. Staff were knowledgeable regarding standard and transmission based infection precautions.

The inspector looked at a sample of recent staff meeting minutes and observed that COVID-19 and the infection control measures in place were frequently discussed. Staff were also in receipt of regular supervision. The person in charge was also in receipt of regular supervision and support from the wider management team.

There was a nominated person for infection control of the designated centre. There was also an on-call service in operation outside of normal working hours for staff to raise concerns or seek guidance if required. There was an essential guide in the kitchen with easy access to all staff and residents. The guide contained information on the house such as where to find cleaning equipment, colour-coding system for cleaning and the daily folder also located in the kitchen contained cleaning checklist and food safety guidance.

The centre had the necessary resources to provide care and support to the residents in an effective manner. These resources included the provision of suitable, secure, and comfortable equipment and furnishings and sufficient staffing levels to support the residents.

## Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with National guidance for residential care facilities. It was evident that infection control management was part of the overall risk management arrangements in the centre and that the quality of care was regularly reviewed to ensure compliance with best practice and the National Standards for infection prevention and control in community services (HIQA, 2018).

The provider had taken measures to improve the premises and facilities in response to the findings from the last inspection. The premises upgrades had been progressed. Painting and decorating of the communal areas had been completed and the house had a homely atmosphere. The house was well maintained and provided a good space for the residents to live, with adequate private and communal facilities. There was good accessibility observed and the house was fit out a ramp for wheelchair access at the front door.

To reduce the risk of infection spread, the centre was additionally equipped with many physical facilities. The centre had adequate hand-washing facilities in the house and there was a good supply of hand-sanitising gel located at points and through-out the house.

However, the bathrooms were observed to require upgrades and improvements in order to promote good IPC arrangements for example, the side of the bath was damaged and the window sill in one bathroom was peeling and chipped. The other bathroom had some mould in the shower tray. Staff told the inspector they were cleaning it regularly to keep the mould at bay. Overall, the disrepair of these areas



meant they they could not be cleaned effectively and as such, increase the risk of spread of healthcare-associated infection to residents and staff.

This had been identified by the provider, through their auditing systems and a schedule of work has been proposed for bathroom upgrades which were due to occur within a reasonable time-frame and therefore not identified as a regulatory non compliant finding on this inspection.

The inspector observed appropriate infection control practices in place concerning waste disposal and laundry management. There were adequate laundry facilities in the centre. On speaking with staff, the inspector found that they were knowledgeable in the management of laundry and in particular. Alginate bags were provided for soiled laundry, there was suitable storage of towels and the washing machine and tumble dryer were observed to be clean. The centre had a sharps bin which was stored appropriately and had clear instructions for use.

There was a comprehensive cleaning schedule in place. Staff spoken with were clear on the practises and procedures required and how these tasks were carried out. Staff members completed the necessary daily and weekly cleaning chores according to the provider's cleaning schedules. Throughout the day the inspector observed staff engaging in cleaning tasks and duties in the centre.

Documentation relating to the residents was also reviewed during this inspection, primarily from an infection prevention and control perspective. The resident's health, personal and social care needs were regularly assessed, and care plans were developed based on the residents assessed needs. Isolation plans for each resident were personalised and took into account each residents needs. The plans of care viewed during the inspection were up-to-date, informative and relevant. Residents were informed of medical appointments in advance and supported to attend. In addition, the inspector observed residents in their homes as they went about their day, including care and support interactions between staff and residents.

Residents had regular house meetings where they discussed the renovations of the premises and its upkeep, meal planning, food safety and hand hygiene. Residents were encouraged to keep their home clean and tidy and some had specific tasks they had taken on, for example putting the bins out and emptying the dishwasher. This gave the residents a sense of responsibility and participation in the overall upkeep and management of their own home.

The provider had implemented systems to support the provision of information, escalation of concerns and responses to infection prevention and control matters. The provider produced a current contingency plan in response to COVID-19, which outlined how the centre prepared for and would respond to an outbreak of COVID-19.

## Regulation 27: Protection against infection

The purpose of the inspection day was to monitor the centre's levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The provider was able to clearly demonstrate how they were ensuring they had implemented the national standards for infection prevention and control in accordance with regulation 27. This was evident by the following:

- There was evidence of quality assurance audits being performed on a regular basis to check on the safety and effectiveness of the care being provided. This included the annual review for 2023, which identified areas for improvement, in particular to premises bathroom.
- Works had been carried out throughout house to improve the kitchen and the communal areas of the centre, including painting and new flooring.
- There was good local oversight of infection control risks in the centre by the person in charge who carried out regular IPC focused audits.
- There were effective systems in place for workforce planning that ensured there were suitable numbers of staff employed and available with the right skills and expertise to meet the centre's infection prevention and control needs.
- The staff team were up to date in IPC training. Staff members spoken with had a good knowledge of standard and transmission-based precautions. Staff were seen adhering to standard precautions throughout the day.
- Residents were informed and teaching/guidance was in place regarding infection transmission. This support was evident in the residents care plans which were comprehensive and personalised and created in consultation with the individual resident.
- The premises and the environment was visibly clean and well maintained. Schedules were in place to ensure that all aspects of the premises was regularly cleaned and deep cleaned.
- Policies and procedures were in place to guide safe practices in areas including laundry procedures, hand washing facilities and cleaning procedures.
- The bathrooms were observed to require upgrades and improvements in order to promote good IPC arrangements. This had been identified by the provider, through their auditing systems and a schedule of work has been proposed for bathroom upgrades which were due to occur within a reasonable time-frame and therefore not identified as a regulatory non compliant finding on this inspection.

Judgment: 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	Compliant