Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	A Middle Third
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	25 May 2022
Centre ID:	OSV-0002360
Fieldwork ID:	MON-0035589

About the designated centre

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

A Middle Third is a community based home operated by St. Michael's House. The centre provides residential services for five adults, both male and female, with an intellectual disability. It is situated on the north side of Dublin city close to all the amenities and facilities the city has to offer. The centre is close to public transport links which enable residents to access these amenities and neighbouring areas. The building is a single-storey, five bedroom home with a homely design and layout. Each resident has their own bedroom, one of which is en-suite. There are two shared bathrooms, one with a bath and shower and the other with a shower. The house is fitted with a ceiling hoist to meet residents' needs. The kitchen is accessible and residents are encouraged to get involved with the preparation of meals and snacks. There is a garden to the rear of the property with two sheds for storage. Staff encourage residents to be active members in their communities and to sustain good relationships with their family and friends. The staff team comprises a person in charge, staff nurses, social care staff, direct care support staff and a household staff. Staffing resources are arranged in the centre in line with residents' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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 25 May 2022	09:40hrs to 16:15hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This 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. This inspection was unannounced. The inspector met and spoke with staff who were on duty throughout the course of the inspection, and met with several of the residents who lived in the centre. The residents were unable to provide information on the IPC arrangements in the centre and so the inspector used observations, communication with staff and a review of key documentation to form a judgment on the levels of compliance in relation to infection prevention and control. Overall, the inspector found that the governance and management arrangements were insufficient to ensure oversight of effective IPC practices in the centre and that care and support was being delivered in a manner which did not comply with the national standards for infection prevention and control in community services.

A Middle Third is a bungalow located in a busy suburb of Dublin. It is located close to many local amenities including shops, restaurants and parks. The centre comprises five individual resident bedrooms, a staff office, utility room, storage room, sitting room and kitchen and living area. One resident bedroom is en-suite. There was also a shower room and a bathroom.

On arrival, the inspector was met by a staff who was supporting two residents. The inspector was informed that these residents had not returned to full-time day service since COVID-19 and so were being supported from home. One resident was in bed as was their choice, the other resident was watching television in the sitting room. Two additional staff returned to the centre shortly after the inspector's arrival. These staff had been supporting residents to travel to their day services. The other residents returned to the house in the afternoon. The inspector saw that staff were supporting residents in a kind and gentle manner and were responsive to their communications.

There was no temperature check or documented symptom checking protocol for COVID-19 for visitors to the designated centre. The inspector was informed that temperature checks were no longer completed and that staff generally verbally asked visitors to check that they had no symptoms of COVID-19. This was not completed with the inspector on arrival.

The inspector saw that staff were wearing FFP2 masks in line with public health guidance in the provision of care to residents. The inspector also saw that there was a supply of masks by the front door as well as a fixed hand sanitiser point. However, there were insufficient hand sanitising points elsewhere throughout the house. There was also an absence of soap and disposable paper towels at sinks throughout the house.

The inspector completed a walk through of the premises with the clinical nurse

manager on duty that day. The inspector saw that there were several premises issues which presented an infection prevention and control risk. These included damaged flooring in resident bathrooms, damaged furniture and kitchen presses which could not be adequately cleaned, and broken equipment including a broken Parker Bath. These issues will be discussed further in the quality and safety section of the report.

The premises was generally in a poor state of repair and did not present a welcoming or homely environment. While each resident had access to their own bedroom, which was decorated in an individualised manner, some bedrooms required maintenance. Paint was observed to have chipped off of walls, some wardrobes were damaged and there were mould issues in one en-suite bathroom. Substantial mould was seen in the utility room which also required significant maintenance works.

The inspector reviewed the complaints log for the centre and saw a complaint which had been open since July 2021. The complaint had been made by a representative of a resident. They had set out a number of issues in their complaint including the poor state of the premises and the impact of high staff turnover and low staffing levels on the residents.

The inspector was made aware that there were several staff vacancies in the centre and that some staff had been redeployed to the centre from other services in recent months in order to supplement the roster. The inspector found, in talking to staff, that while the staff knew the residents' medical and care needs well, they were unfamiliar with the provider's guidance and policies regarding the provision of care in line with IPC standards. The inspector could also see, from a review of staff meetings, that staff had expressed concern regarding the lack of on-site leadership in this centre. This will be further discussed in the capacity and capability section of the report.

Overall, the inspector was not assured that the provider had effective systems in place to ensure oversight of the designated centre and, in particular, of the infection prevention and control practices in place. 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

The governance and management arrangements were found to be ineffective in assessing, monitoring and responding to infection control risks. The provider did not demonstrate that there were adequate arrangements in place to measure and oversee performance in this area. The inspector found that there were long-standing issues which presented a risk to infection prevention and control (IPC) and that

these were known to the provider. However, the provider had not responded to these risks in a timely manner.

The oversight mechanisms in the designated centre were poor and required review. The centre's person in charge was also employed as a service manager and therefore had additional duties. This limited the amount of time the person in charge could be present in the designated centre. The day -to -day operating of the centre was overseen by a clinical nurse manager 1 (CNM1). The CNM1 had access to set management hours however these were insufficient to support them in having oversight of the service.

The service was operating with 3.5 (WTE) vacancies. These vacancies included a full-time housekeeper post. The inspector was informed that the housekeeper post had been vacant for approximately two years. The centre had recently been provided with four hours housekeeping per week however this was insufficient to maintain the cleanliness of the premises. The inspector saw that, while there were cleaning schedules in place and that these were marked as completed, there remained identifiable hygiene issues in the designated centre. For example, the daily bathroom cleaning schedule set out that hand rails and grab rails should be cleaned daily. However, the inspector saw brown staining on the underside of one of the toilet grab rails. This was cleaned by the staff on the day of inspection.

Staffing had been a long-standing issue for the designated centre with their last HIQA inspection in June 2021 identifying staffing as not compliant due to several vacancies. The inspector was informed that staff had been redeployed to the centre and that recruitment was ongoing. The centre also made use of agency and relief staff to fill their roster. The inspector completed a roster review and saw that all days reviewed contained the correct number and qualification of staff as per the statement of purpose. However, on some occasions, many of the staff on duty were unfamiliar to the residents. For example, on one day in May 2022, only one of the three staff working a long day was a long-term member of staff who was familiar with the residents. The inspector was informed that this situation arose due to unexpected sick leave of a regular staff member.

The provider had a number of audits in place which were intended to support them in having oversight of the designated centre. These audits included six monthly reviews, an annual report of the quality and safety of care and monthly infection control checklists. The inspector found that these audits did not comprehensively reflect the issues arising in the centre and that, where issues were known to the provider, there was no time bound plan to address these. For example, the provider was aware that significant premises works were required and had begun to gather quotes for flooring and kitchen replacement. However, this was not reflected in their audits and there was no service improvement plan in place. Additionally, the provider had convened meetings with the relevant stakeholders to review the staffing arrangements in the centre. In a meeting in October 2021 it was identified that the centre would be prioritised for recruitment, however there was no time-bound plan in place, and at the time of inspection there remained significant staffing issues. A risk assessment for inadequate staffing had been completed which risk

rated this as an orange risk.

The designated centre had experienced an outbreak of COVID-19 in December 2021. All residents contracted COVID-19 and two residents required admittance to hospital. Eight staff also contracted COVID-19. An outbreak report was completed by the provider however there was no onsite infection prevention control audit completed in an attempt to identify why this outbreak may have occurred. Infection control checklists were completed on a monthly basis by staff however the inspector found that these audits did not identify risks such as poor environmental cleanliness and an absence of appropriate hand washing and sanitising facilities. The staff completing these checklists had not received any additional specialist IPC training.

The inspector was informed that staff had completed online training in infection prevention and control and, that one staff member had recently completed specialist IPC training. There was no system in place for auditing infection control practices such as hand hygiene and the donning and doffing of personal protective equipment (PPE). Additionally, staff were unaware of where to find guidance on the procedure for managing soiled laundry, incidences of vomiting or for cleaning mops.

Overall, it was found that the governance and management arrangements of the centre required a thorough review. The provider had failed to ensure that infection prevention and control risks were identified, documented and responded to in a timely manner. The provider was aware of significant risks including premises and staffing issues however there was no time-bound service improvement plan in place to address these.

Quality and safety

The governance and management arrangements in the centre did not support the ongoing and consistent provision of safe and quality care in relation to infection control.

Residents in this centre had a variety of assessed needs, some of which required aseptic procedures. Residents also used a range of medical equipment including nebulisers, shower trolleys and hoists. The inspector found that staff were aware of residents' assessed needs and that protocols were in place to ensure the cleaning and sterilisation of medical equipment. However, these procedures were not always followed correctly and therefore placed residents at risk of acquiring a healthcare-associated infection. For example, the inspector saw that nebuliser equipment was left to dry on a paper towel beside a handwashing sink after it had been sterilised. This exposed the sterile equipment to risk of contamination from staff washing their hands.

The inspector also found that infection prevention and control was not actively considered as part of the routine delivery of care and support. Staff had completed IPC training and were knowledgeable regarding good hand hygiene practices

however there were insufficient hand washing and sanitising facilities in the designated centre. There was one fixed hand sanitising point at the entrance to the centre and the remainder of the sanitisation was provided through disposable sanitiser bottles which were not in fixed locations. Many of the residents' care needs including intimate care such as changing of incontinence wear or catheter care was completed in resident bedrooms. All resident bedrooms were equipped with a sink. However, the inspector saw that there was no soap, hand towels or bins in these bedrooms. Therefore, staff were unable to adhere to standard precautions or five key moments of hand hygiene in resident care as they were unable to wash their hands in the immediate environment where care was being provided.

There was also a risk of infection being transmitted through the centre as staff were bringing intimate care waste out of bedrooms to dispose of in the main bathroom. There was no availability of suitable bags to securely seal this waste before removing it from the room. Staff were unaware of the colonisation statuses, if any, of the residents in the designated centre. For this reason, staff were unaware of any additional precautions that should be taken to reduce the risk of transmission of infection to others in the designated centre.

Several IPC risks were identified in the main bathroom. Brown staining was seen on the underside of the toilet grab rails. The soap dispenser was nearly empty and the bin was inaccessible as a toiletries box was on the lid.

Four residents were using one large bathroom which was equipped with a Parker bath and a shower. The bathroom was in a poor state of repair. There were several cracked wall tiles and there was a large tear in the flooring. Water had pooled around this tear and there was a musty and damp smell coming from the drain. The Parker bath was broken and was inaccessible to all but one resident. There was an additional shower room however the shower had been decommissioned. One resident had access to their own en-suite. It was observed that there were issues with mould in this en-suite and that the shower tray was very stained.

Mould was also found in the utility room and around the windows in the sitting room. The utility was in a very poor state of repair. The walls and floor were dirty and the paint was peeling. There was a sluice sink in the utility room but there was no standard procedure for regular sluicing in the centre. Refurbishment was also required in the kitchen and the sitting room. The kitchen was in a poor state of repair with several cabinets badly damaged. There was a large gap in the counter behind the sink. This had been temporarily resealed with a plastic cover. The plastic cover was seen to be dirty and required cleaning. The couch in the main sitting room was very worn and the protective cover was peeling. This meant that it could not be effectively cleaned.

Blinds throughout the centre required replacement with several, particularly those in the utility room and bathroom observed to be very dirty. Resident bedrooms also required repainting and some wardrobes were damaged. The laminate cover was missing from two wardrobe doors and therefore could not be effectively cleaned. The wardrobe was observed to be soiled on the day of inspection. The small sitting room, hallway walls and ceilings throughout the centre required painting. Orange

coloured deposits of unknown origin were seen on the ceiling in the hallway.

There was an absence of guidance for staff in the management of soiled linen. It was documented in staff meetings that there were issues with incontinence and vomiting in the designated centre however there were insufficient policies and procedures in this regard. The centre did not have alginate bags and, through discussion with staff, it was established that there were practices in place which were not in line with the national standards for infection prevention and control. A colour coded system of mops and cloths was in place in the designated centre however, staff were unclear of the guidance for laundering mops and namely, whether all coloured mops could be washed in the same cycle after use.

A review of the outbreak of COVID-19 in the designated centre in December 2021 found that staff had liaised with public health and had responded to the outbreak in line with national guidance and their local COVID-19 procedure. Staff wore full PPE, contacted the IPC helpline and supported residents to isolate to the best of their ability. However, as previously documented, a full review of IPC practices in the centre post outbreak was not completed.

The inspector found that significant improvement was required in order for the provider to have oversight of and identify and respond to infection control risks in this designated centre. A full review of the IPC practices was required. The inspector noted that the provider was aware of some of the issues which were impacting on the delivery of safe care such as the premises and staffing however there was no comprehensive time-bound plan in place to address these.

Regulation 27: Protection against infection

Systems and resources in place for the oversight and management of infection prevention and control practices were not effective. The inspector observed that practices in the designated centre were not consistent with the national standards for infection prevention and control in community services. IPC risks were further compounded by premises issues and by inconsistent staffing. Throughout the inspection, the inspector identified a number of areas where adherence to national guidance and standards required improvement. These included:

- The provider did not have adequate systems in place to identify and respond to infection control risks in a timely manner
- There was an absence of specific policies, protocols and procedures for staff in order to guide them in implementing their roles and responsibilities in IPC
- There were insufficient oversight mechanisms in place to support staff in their roles
- There was insufficient guidance to direct staff in the thorough and efficient cleaning of the designated centre
- Staff vacancies and a high staff turnover were impacting on the quality and

safety of care. In particular, a housekeeping position had been vacant for a considerable length of time and the centre did not have access to sufficient housekeeping

- There was no practical assessment of skills acquired in online IPC training by staff. Additionally, there was no on site evaluation of hand hygiene or standard precautions among staff
- There was insufficient availability of hand washing and hand sanitising facilities. The staff took measures to partly address this on the day of inspection by purchasing hand soap for resident bedroom sinks.
- Hand hygiene practices and the implementation of standard precautions required review
- There were practices in place for the disposal of intimate care waste which presented a risk of transmission of infection
- There was evidence that the centre was not being thoroughly cleaned in spite of cleaning checklists being maintained. For example, brown staining was seen on the underside of a toilet grab rail and the bathroom floor had pooled water with a damp smell coming from the drain
- There were significant premises issues identified on the day of inspection. The provider was aware of these issues and had commenced gathering quotes for works. There was a long-standing complaint which remained open in this regard. However, this was not reflected in the provider's audits or in a service improvement plan. The premises issues identified included;
    - painting was required throughout the centre, including to ceilings which were stained in places
    - furniture and wardrobes required replacement as they were damaged and could not be cleaned
    - the kitchen required replacement as it was very damaged and could not be efficiently cleaned
    - a floor mat used to protect a resident from seizures required replacement as it was damaged and peeling
    - the bathrooms required refurbishment. A Parker bath was broken and inaccessible to most residents. One shower room was decommissioned and the other shower room had issues with mould and staining in the shower tray
    - the main bathroom floor was damaged and tiles on the walls were cracked
    - staff did not have access to alginate bags for the safe and effective laundering of soiled linen
    - there was an absence of guidance for staff in the safe management of soiled linen in spite of this being identified as a risk in the designated centre
    - blinds required replacement
    - the utility room had issues with mould. The washing machine dispenser drawer was significantly impacted with a build-up residue.
- There was no documentation of residents' colonisation statuses
- While the provider had conducted a review of an outbreak of COVID-19, this review was not comprehensive and did not identify concrete learnings from this event

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 A Middle Third OSV-0002360

Inspection ID: MON-0035589

Date of inspection: 25/05/2022

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	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

• A new PIC has been appointed for the Designated Centre and will commence this position on 29/6/2022
• This Person in Charge will initially be super-numery to the frontline roster. This will be reviewed once compliance is reached in all areas as set down in this inspection Report.
• The registered Provider is undertaking a full nursing needs review of the Centre.
• All current vacancies are being filled as appropriate staff are recruited. In the interim the Person in Charge is endeavoring to fill vacancies with regular relief/ agency staff.
• A new Household staff has commenced daily Mon – Fri 9am – 2pm on 20/6/2022

• The Training Dept completed a full training review for all current staff.
• All staff have completed online IPC training - IPC Online training is currently being updated by the IPC dept and Open Training College.
• Staff Nurse on site has competed IPC link practitioner programme and will along with CNS IPC complete Hand hygiene with all staff by 15/7/2022
• Hand hygiene and its application locally have been reviewed by CNM1 & SN who has completed IPC link practitioner programme.

• Director of Estates and Housing Manager completed a full audit on works requried in the premises including painting - these will comence 1/8/2022 and be completed by 1/9/2022.
• The replacement of a Parker Bath has been approved and has been ordered 1/3/2022.
• A floor mat used to protect a resident from seizures has been replaced, 7/6/2022
• A full IPC audit was completed 08.06.2022 by, CNS IPC and CNM1 IPC – action plan developed.

• The provider has revewed systems in place to identify and respond to infection control risks in a timely manner

• All IPC policies have been reviewed and approved 30th April 2022, in place in the center.
• The CNS in IPC has delivered a webinar on new IPC policies and updated learning from IPC inspections.
• Director of Adult Services has held a PIC forum meeting to share the learning from IPC inspections.
• In future if an outbreak of infection takes place - a review meeting will take place to identify what went well what didn't.
• SMH to draft a new MDRO Policy. This will include guidance on how to record service user colonisation status if any.
• In relation to visitors to the center – Staff will ask and document visitor's wellness check

• Additional sanitising facilities have been put in place in the center.
• Waste Bins are now in place in all bedrooms.
• Blinds have been replaced 14/6/2022
• A system is in place for the Management of soiled linen and SMH IPC updated Policy in place and local guidance has been developed to guide staff practice.
• Alginate bags are now in place.
• The storage of mops has been revewed and a system is in place for the storage of same.
• In relation to complaints, Service Manager and Director of Adult Services Met with complainants to discuss concerns. 20/8/2021 & 19/4/2022.

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.	Not Compliant	Red	01/07/2022