



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

Issued by the Chief Inspector

Name of designated centre:	St. Michael's House
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0001827
Fieldwork ID:	MON-0036763

About the designated centre

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

St. Michael's House is a large detached one-storey building located just outside a small village but within close driving distance to a nearby town. The centre mainly provides full-time residential support but also some shared care for a maximum of five residents of both genders over the age of 18 with intellectual disabilities. Five single resident bedrooms are present in the centre along with a kitchen/dining room, a sitting room, a visitors' room, a utility room, bathrooms and staff rooms. Residents are supported by the person in charge, social care staff and care staff

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 17 May 2022	08:50hrs to 16:40hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The residents in this centre appeared relaxed and comfortable in their environment while staff on duty engaged appropriately with them. The premises provided for residents was generally clean and well maintained but improvements were required in some bathrooms. Facilities and supplies were present to support infection prevention and control (IPC) but some expired products were present in the centre.

This inspection was focused on the area of infection prevention and control IPC and as the inspector arrived at the centre, it was seen that there was a COVID-19 related sign present on the front door. The inspector was initially greeted by a staff member and one resident. Just inside the front door was a console table which had a box of face masks, some hand sanitiser, a digital thermometer and a visitors' log. A wall mounted hand sanitiser dispenser, more COVID-19 signage and two bins were also present in this area. One of these bins was a pedal operated bin but the other was not. The staff member directed the inspector to sign in and to take his temperature. Shortly after a second staff member arrived to commence their shift and upon entering they performed hand hygiene, completed a COVID-19 declaration for staff and put on a face mask.

Four residents were living in this designated centre at the time of inspection and the inspector met a second resident soon after the inspection had commenced. During the initial part of the inspection it was seen that after all four residents had arisen for the morning, they moved freely throughout the centre with some residents helping in some household tasks. For example, one resident was seen assisting with their laundry while another resident retrieved some items for the bathroom after being asked to do so by a staff member. Residents seemed relaxed in each others' presence and with the staff members supporting them who engaged warmly with residents. It was also noted that during the inspection a member of the centre's management was present in the centre who the resident clearly knew with some residents particularly excited to speak to them. Two residents left the centre early into the inspection in the company of a staff member using the centre's vehicle. These residents returned to the centre towards the end of the inspection with one resident telling the inspector that they had enjoyed a day at a farm.

The other two residents remained in the centre with another staff member throughout the inspection. These two residents seemed at ease throughout the day. One of these residents liked GAA and wore a Limerick jersey. When asked by the inspector if they liked living in the centre, the resident said that it was alright and that they liked the staff working in the centre. The second resident indicated that they liked living in the centre and enjoyed the peace and quiet it provided. Both residents talked about enjoying one-to-one time with staff and gave the inspector permission to view their bedrooms. It was observed that both bedrooms were well maintained while being personalised to the residents. For example one bedroom had

a framed photo of the resident receiving an award and was brightly decorated while the other bedroom had family photographs on display and a large sound system.

The rest of the premises provided for residents to live in was also reviewed during this inspection with a particular emphasis on IPC in keeping with the focus on this inspection. In general it was seen that large parts of the premises were homelike, clean and well maintained. Amongst the rooms in the centre was a utility room which had separate washing and drying machines but it was noted the part of the floor in front of these was slightly damaged. The utility room also had space for the storage of cleaning supplies which included mops, brushes, cloths and cleaning agents. Storage was also present in the centre for various personal protective equipment (PPE) such as gowns, goggles, visors, face masks and gloves. The majority of the PPE viewed by the inspector was seen to be in date but the inspector did come across some visors and a pack of face masks that had passed their expiry date.

In addition, when in the staff office the inspector came across a norovirus toolkit but when looking inside it the inspector noted some expired contents. For example, the toolkit contained a spill kit that had expired in 2017 while a bottle of hand sanitiser had expired in 2020. Two first aid kits were also present in the staff office with most contents in them in date although the inspector did come across a set of forceps which had passed its expiry date. Aside from this it was noted that the centre was provided with other facilities which did support IPC measures. These included the presence of wall mounted hand sanitiser and soap dispensers, signage around hand washing and the majority of bins present in the centre being pedal operated bins with bin bags present also. The inspector did note though that a bin in the en suite bathroom for the staff bedroom was not pedal operated.

In the same bathroom it was seen that some of the flooring was visibly marked while a toilet seat was also stained. While this bathroom was not used by residents, in another bathroom that was used by residents it was seen that part of the flooring around the shower area appeared damaged while there appeared to be a leak coming from the shower head. The inspector was informed that maintenance requests had been made to address such matters. Two bathrooms were available for residents' use and aside from the flooring issues observed by the inspector in one and some taps needing some further cleaning or descaling, it was observed that both were generally clean. It was also seen that within these two bathrooms, space was provided for individual residents' toiletries to be stored separately.

Aside from the premises that residents lived in, the inspector also reviewed the vehicle that was provided for residents' use towards the end of the inspection. It was noted that this vehicle was appropriately taxed and insured while also having an in-date certificate indicating its road worthiness. Inside the vehicle it was seen that some surfaces such as the dashboard, steering wheel and gear knob appeared clean. However, it was noted that the floor of vehicle appeared dusty and in need of cleaning. A first aid kit, disinfectant wipes and face masks were also present within this vehicle. However, it was observed that some used wipes were stuffed in the passenger's side door pocket. Some face masks were also seen in the driver's

side door pocket with another face mask seen on the floor of the vehicle. It was unclear if these face masks had been used or not.

In summary, some improvements were needed in some bathrooms in this centre while further cleaning was also needed for the centre's vehicle. While facilities and supplies were provided within the centre which supported IPC, some expired products were also present in the centre. Residents spoken with talked positively about living in the centre and staff support.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The provider had structures and systems in operation to support IPC. Monitoring systems were also in place although some of these required improvement to ensure that they captured all issues highlighted by this inspection in a timely manner. The contingency plan for the centre lacked information in some key areas.

The designated centre had been previously inspected by the Health Information and Quality Authority (HIQA) in October 2020 where an overall good level of compliance was found. Following that inspection the centre had its registration renewed without any restrictive conditions until February 2024. The current inspection was focused on the 2018 National Standards for infection prevention and control in community services in line with a programme of inspections commenced by HIQA in this area in October 2021. Under the regulations providers are required to adopt procedures that are consistent with these standards. As such key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

It was found that the provider had structures in place to support IPC particularly in the context of the ongoing COVID-19 pandemic. Such structures including the availability of an on-call service outside of normal working hours for staff to raise concerns to, having an overall COVID-19 lead for the provider (who was a clinical nurse manager), having a COVID-19 committee who met regularly and making provision for an outbreak control team to be established if required. It was seen that such a control team had been in operation during a recent COVID-19 outbreak that had impacted the centre. This team provided oversight to the management of the outbreak. Despite this it was not demonstrated that a review had taken place following this outbreak to determine learning from the outbreak.

Matters related to IPC were indicated as being discussed during staff team meetings but in the notes of one such meeting it was indicated that staff were to refer to a

COVID-19 folder. During this inspection two COVID-19 folders were available for the inspector to review but both were found to contain outdated information. The provider did have updated guidance related to COVID-19 which was provided to the inspector after the inspection. The inspector was also provided with a copy of the provider's IPC policy. This was noted to be a short document which required all staff to follow a Health Service Executive IPC Information Booklet for Community Disability Services from August 2012, copies of which were present in the centre on the day of inspection. The provider's IPC policy had been amended in April 2020 and November 2021 but it was noted that it made no reference to the 2018 National Standards.

The IPC policy did provide for staff to receive training and guidance related to IPC with further records provided indicating that staff had undergone relevant training in areas such as PPE and hand hygiene. Such records indicated though that some staff had not received training in the 2018 National Standards. Staff members spoken with during this inspection generally demonstrated a good knowledge around the residents living in this designated centre and some IPC measures while also being seen to wear appropriate PPE. However, the inspector was provided with some inconsistent information around the monitoring of residents for potential COVID-19 symptoms while it also appeared that some colour coded cleaning equipment were not being used as they should have been. Both of these areas will be discussed in more detail elsewhere in this report.

Staff were provided with guidance around how to support residents with suspected or confirmed COVID-19 in the provider's contingency plan which was reviewed by the inspector. This was found to contain some other relevant information, such as how to escalate concerns within the provider, but it was noted that it did not contain guidance in some key areas. These included contacting residents' families in the event of an outbreak, what staff should do in the event of developing symptoms while on shift or how minimum staffing levels would be maintained were staffing to be impacted by COVID-19. Aside from this contingency plan, the provider did have some monitoring systems in operation to assess IPC practices. However, some of these also required improvement to ensure that they captured all issues highlighted by this inspection in a timely manner. For example, a relevant self-assessment on IPC had not been completed in over 12 weeks while weekly PPE checks did not identify some expired PPE found during this inspection.

Quality and safety

Cleaning schedules, records, products and equipment were in place for this centre but there were some gaps in cleaning logs for the centre's vehicle while the use of colour coded cleaning equipment required review. Inconsistent information was provided around the daily monitoring of residents for potential symptoms of COVID-19.

Relevant national guidance related to COVID-19 requires twice daily active monitoring of residents for signs and symptoms of respiratory illness or changes in their baseline condition which is intended to help in the early identification of cases of COVID-19. However, the inspector was given some inconsistent information from staff spoken with during the inspection in this area. One staff told the inspector that the only monitoring for residents during the day was once daily temperature checks while another said that no daily temperature checks nor active monitoring was done for residents but that staff would know when residents were "off form". It was indicated also that staff members were not checking their temperatures at the time of inspection although a recently reviewed COVID-19 related risk assessment in the centre highlighted staff temperature checks as a control measure to mitigate such risks. It was noted though that staff were completing COVID-19 declarations when starting their shifts.

Staff members were seen performing cleaning within the centre during this inspection. As mentioned earlier, while there some areas that required improvement, large parts of the centre were found be clean on the day of inspection and it was noted that cleaning schedules were in place. Such schedules outlined particular cleaning activities that were to be done on a daily or weekly basis with records indicating that these were being completed consistently. Commonly touched items were also being disinfected daily within the centre with separate records provided indicating that this was generally being done five times a day. Weekly cleaning logs were in place for the centre's vehicle indicating that this was to be cleaned after each use. Some cleaning of the vehicle was seen being done during this inspection but as highlighted earlier, further cleaning was required. In addition, when reviewing the cleaning logs provided, it was noted that there was some recent weeks with no corresponding cleaning log. Other records reviewed indicated that the vehicle was in use during these weeks.

Ample supplies of cleaning products and equipment were present within the centre with some of these stored in the centre's utility room. When in this room the inspector observed some signage on display indicating that certain cleaning equipment, such as mops, buckets and clothes, were only to be used in certain areas of the centre depending of their colour. The signage listed three colours; red, yellow and blue. However, when reviewing the mops in the utility room is was noted that there was no blue mop or bucket present but there were green ones. In addition, it was seen that some mop heads were not coloured coded. The inspector was informed by a staff member that these mop heads could be used in any room in the centre but would be washed every day after their use. The staff member said that they had been instructed to use these mop heads in this way. It was confirmed to the inspector the day after inspection that the mop heads highlighted should have been colour coded and that the signage in the centre required updating to reflect that green mops were being used instead of blue ones.

Other IPC related signage was also seen throughout the centre which covered areas such as COVID-19 and hand washing. Such topics were also indicated as being discussed regularly with residents during weekly resident meetings that took place within the centre. Where necessary residents also had risk assessments in place related to COVID-19 matters and it noted that such risk assessments were indicated

as being reviewed on a regular basis throughout the pandemic. In addition, residents had isolation protocols put in place as required which outlined how residents were to be supported in the event that they had to isolate on account of COVID-19. Where possible, residents would be facilitated to isolate within their bedrooms in the centre. It was also noted that the provider had a specific COVID-19 isolation unit available nearby in another of their designated centres which residents of the current centre could access if required. This COVID-19 isolation unit was visited by the inspector in a separate inspection that took place the same day as this inspection.

Regulation 27: Protection against infection

While the provider did have structures and systems in operation to support IPC measures, improvement was required in some areas to ensure that practice was in keeping with the 2018 National Standards. These included;

- The monitoring systems in operation were not identifying relevant issues related to IPC
- The contingency plan for the centre lacked information in some key areas
- There was no evidence of a post outbreak review having taken place following a recent COVID-19 outbreak
- Some information in COVID-19 folders in the centre were out of date
- Not all staff had completed training in the 2018 National Standards
- Inconsistent information was provided by staff regarding daily monitoring of residents for COVID-19 symptoms
- Improvement was needed to some areas of the premises provided particularly some bathrooms
- The centre's vehicle required further cleaning while there were some gaps in the vehicle's cleaning logs
- Coloured coded cleaning equipment was not being used correctly in the centre
- Some expired PPE and other products were found during this inspection such as a spill kit that expired in 2017

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 St. Michael's House OSV-0001827

Inspection ID: MON-0036763

Date of inspection: 17/05/2022

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
<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. The monitoring systems in operation were reviewed to ensure that all relevant issues related to IPC are identified. This has included the review of checklists, cleaning logs, risk assessments and audit schedules.</p> <p>Completed on: 07-06-22</p> <p>To return to compliance with Regulation 27: Protection against infection. The contingency plan has been reviewed and updated to include a protocol for staff who present with symptoms of Covid 19 during a work shift and the management of maintaining a staff roster in the event of staffing being impacted by Covid 19. It has also addressed the sharing of information with relevant parties in the event of a Covid 19 outbreak within the designated centre.</p> <p>Completed on: 07-06-2022</p> <p>To come into compliance with Regulation 27: Protection against infection. A staff team meeting will be held which will include a review on the any outbreak of Covid which maybe have occurred and to identifying any learning from this experience which will inform future practice.</p> <p>Completed on: 12-07-2022</p>	

To come into compliance with Regulation 27: Protection against infection.
The Person In Charge has reviewed the Covid-19 folder to ensure all information is up to date.

Completed on: 07-06-2022

To come into compliance with Regulation 27: Protection against infection.
The Person in Charge will ensure that all staff have completed training in relation to the 2018 National Standards.

Completed on: 30-06-2022

To come into compliance with Regulation 27: Protection against infection.
All protocols in relation to Covid 19 will be reviewed to ensure consistency.

Completed on:15-06-2022

To come into compliance with Regulation 27: Protection against infection.
All areas which were identified as requiring improvement will be addressed and repaired or replaced as necessary.

Completed on 27-06-2022

To come into compliance with Regulation 27: Protection against infection:
A checklist for the cleaning of the designated centre's vehicle is now in place.

Completed on: 07-06-2022

To come into compliance with Regulation 27: Protection against infection:
The colour coding of the cleaning equipment has been reviewed and updated to ensure compliance.

Completed on: 07-06-2022

To come into compliance with Regulation 27: Protection against infection:
All PPE and infection control kits has been examiner for expiry dates and any items past their expiration have been disposed of appropriately.

Completed on: 07-06-2022

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.	Not Compliant	Orange	12/07/2022