



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

## Issued by the Chief Inspector

Name of designated centre:	B Canices Road
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Unannounced
Date of inspection:	08 February 2023
Centre ID:	OSV-0002333
Fieldwork ID:	MON-0039227

## About the designated centre

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

B Canices Road is a designated centre operated by Saint Michael's House located in North County Dublin. It provides community residential services to four adults who have varied support requirements. The centre is a two story house comprising of a kitchen/dining room, a sitting room, large garden, a staff sleep over room/office, shared bathroom and four bedrooms. The centre is staffed by a person in charge and social care workers. The centre has their own vehicle to support residents' access their community and good transport links are also available nearby.

**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
Wednesday 8 February 2023	09:35hrs to 14:45hrs	Michael Muldowney	Lead

## What residents told us and what inspectors observed

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

The centre comprised a two-storey building in a busy Dublin suburb close to many amenities and services including shops, cafés, and public transport. There was also a vehicle available to support residents in accessing their community.

The inspector completed a thorough walk-around of the centre. The centre was found to be bright, homely, comfortable, and clean. There was sufficient communal space including a kitchen dining area, sitting room, bathroom, and a 'relaxation room' at the end of the garden. The garden was spacious and nicely maintained. The kitchen was well equipped, and the inspector observed a good selection and variety of food and drinks for residents to choose from. Residents bedrooms were spacious and decorated in line with their personal tastes. Two of the bedrooms had en-suite bathrooms.

The inspector observed good IPC practices and arrangements, such as access to hand washing facilities, staff wore personal protective equipment (PPE) in line with public health guidance, and there was a good supply of cleaning chemicals and equipment. However, areas of the premises required attention, for example, there was rust on some of the kitchen appliances, and dark mildew in an en-suite bathroom. These matters had been already identified by the provider as requiring mitigation.

The inspector observed good fire safety systems. There was fire detection, fighting, and containment equipment. The fire alarm panel was addressable, and the inspector observed stickers on fire extinguishers and blankets indicating that they were up to date with servicing. The inspector also tested a sample of the fire doors and found that they closed properly when released.

The inspector observed residents having free access in their home and control over their lives, for example, they were observed preparing meals, and attending activities of interest. Three residents chose to speak with the inspector.

The inspector met the first resident as they were leaving the centre to go to the post office and their day service independently. When they returned, they told the inspector that they had lived in the centre for many years and was happy there. They said that staff were "great", however they found it hard when staff left the centre as they would miss them. They had no concerns, but felt confident raising any potential concerns with staff or their family. They had a very active life and spoke about activities they enjoyed such as attending social clubs and day trips to

beaches and national parks. They also enjoyed their day service activities, such as art and crafts, dancing, farm work, and courses. They said they loved holidays, and was excited to go on an upcoming foreign holiday.

They were happy with their home and its facilities, and said that they had enough communal and private space. They spoke about their favourite meals, and said they occasionally liked to cook their own meals. They were aware of the fire evacuation procedures and were involved in the fire checks, for example, they helped with the weekly fire alarm checks. They said they found COVID-19 national restrictions boring as community activities had been curtailed, however had been supported by staff and had access to an off-site cabin for activities outside of the centre.

The second resident was happy to tell the inspector about their life and home. They said that they liked their home and housemates. They had no worries, but advised the inspector that they could speak to their key worker or family about anything. They also had an active life, and on the day of inspection had attended a beauty appointment and money management course. At the weekends they enjoyed discos, walks, shopping, and concerts. In their day service, they enjoyed bowling, art and cooking. They also liked holidays, and was planning a hotel break in March.

They showed the inspector a notice board in the kitchen displaying a menu, activity planner, and list of household chores. They told the inspector that they did chores such as laundry, washing up, and cleaning their bedroom. They told the inspector that they liked cooking, and grocery shopped in local supermarkets. They knew about IPC measures such as vaccination programmes and good hand hygiene, and said that they were glad that most COVID-19 restrictions had lifted.

Another resident briefly spoke with the inspector. They said that they liked their home, got on well with their housemates, and that staff were "very good" and cared for residents. They said that they liked the location of the centre as it was closed to many amenities.

The annual review, dated April 2022, had consulted with residents and their representatives. There was positive feedback from both parties. Some of the representative feedback included staff are "excellent", staff and management "are doing a great job", and "we are very happy with the standard of care provided". The inspector also observed recorded compliments from residents and their representatives towards staff in the centre.

Residents attended regular house meetings, and the inspector viewed a sample of recent meeting minutes. The minutes reflected discussions on activity planning, health and safety issues, house rules, IPC measures, and rights awareness, for example, decision making and privacy. There had also been discussions on making complaints, and it was noted that complaints from residents regarding staffing levels had been addressed by the service manager.

The staff skill-mix consisted of social care workers and there were no vacancies. Staff were required to complete training in a range of areas including IPC, fire safety, safeguarding of residents, positive behaviour support, and medication administration. Staff also attended regular team meetings. Recent meeting minutes

noted discussions on IPC, fire safety, residents' needs, health and safety, audit findings, and the assisted decision-making act (2015). A social care worker told the inspector that staff leave was covered by regular staff to ensure consistency of care for residents. The inspector viewed a sample of the recent rotas and they clearly showed staff working in the centre.

A social care worker, identified as the shift leader on the rota, facilitated the inspection in the absence of the person in charge. The person in charge was based in the centre, and staff could report to a deputy manager or service manager in their absence. There was also an on-call service for staff to contact if outside of normal working hours.

The social care worker told the inspector that there were occasional safeguarding incidents in the centre. The inspector found that the incidents were reported, screened and managed in line with the provider's policy. Staff had also completed training in this area to support them in the prevention, detection, and responding to safeguarding concerns. Some residents had utilised the complaints procedure in relation to these incidents.

The social care worker spoke about residents' healthcare needs and was found to be knowledgeable in this area. They spoke about residents respectfully and warmly, and it was clear that they knew them well. They told the inspector that residents had busy lives and were active participants in their community. They said that residents received an excellent quality and safe service which promoted their rights. They had no concerns but felt confident raising any potential concerns with the person in charge. They also spoke about some of the IPC measures in the centre, and these matters are discussed further in the report.

The inspector briefly spoke to an agency staff nurse before they finished their shift. They advised the inspector that the centre was very well organised, and that there were comprehensive plans to guide agency staff on supporting residents with their assessed needs.

The person in charge attended the feedback meeting before the inspection concluded. They said that they were happy with the service provided to residents, and complimented the staff on their commitment and high standard of work.

From what the inspector observed, read, and was told it was clear that the centre was operated in line with a human rights-based approach, and residents were being supported in accordance with their wishes and preferences. Residents were enjoying a good quality of life where they were supported to be active participants in the running of the centre and be involved in their communities.

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

## Capacity and capability

The inspector found that the registered provider and person in charge had implemented good arrangements and systems to support the delivery of safe and effective infection prevention and control (IPC) measures in order to meet compliance with the associated national standards.

There was a clearly defined governance structure with associated roles and responsibilities for the centre. The person in charge was based in the centre and reported to a service manager. There were good arrangements for the management team to communicate and escalate issues. The person in charge shared a governance report with the service manager that included aspects of IPC to support their oversight of the centre. The service manager also visited the centre to monitor the service, for example, they recently carried out a walk-around of the centre and identified actions for improvement. In the absence of the person in charge, staff could contact the service manager or an on-call service outside of normal working hours if they had any concerns to escalate

In relation to IPC matters, the provider's IPC team provided guidance and direction. They also shared updates on COVID-19 and IPC matters with the provider's centres as required, for example, updates to public health guidance had been circulated.

The provider had prepared a written IPC policy which was available in the centre. The policy included information on the relevant roles and responsibilities, standard and transmission based precautions, hand hygiene, use of personal protective equipment (PPE) and procedures for managing waste, laundry, and bodily fluid spills. IPC outbreak plans had also been prepared outlining arrangements such as reporting of infections, enhanced cleaning, communicating with residents' representatives, and use of PPE. The provider had ensured that there was an adequate supply of PPE, and there were arrangements to easily access more if required. There was also guidance on using PPE for staff to refer to. The inspector found that the plan could be enhanced further by including clear staff contingency details.

Individual resident IPC support plan had also been developed that outlined the supports they may require if self-isolating. One resident had COVID-19 in December 2022 and had successfully self-isolated in their bedroom until they recovered. During times of isolation and national restrictions, residents were able to keep in contact with their families through phone and video calls.

The provider had implemented good systems to monitor IPC arrangements in the centre. The IPC team carried out a detailed audit in July 2022 and identified actions for improvement. Provider-lead annual reviews and six-monthly reports on the quality and safety of service, and regular health and safety checklists had also reviewed aspects of IPC such as waste, chemicals, and housekeeping. The person in charge had also completed an IPC self-assessment tool in January 2023 to assess the effectiveness of the IPC arrangements. Overall, the inspector found that actions



for improvement from audits and reviews were being monitored by the person in charge and progressed to ensure completion.

The person in charge had completed a range of detailed COVID-19 and infection related risk assessments. The inspector found that some of the risk assessments required further consideration to ensure that all actual control measures were noted, and the social care worker began to update the assessments during the inspection.

The staff training log showed that they had completed relevant IPC and hand hygiene training to support them in understanding and implementing IPC measures and precautions. Staff also attended regular team meetings and IPC was a regular topic discussed. Recent meeting minutes noted discussions on the IPC outbreak plan, IPC guidelines and training, cleaning, and waste management.

The inspector spoke to staff working during the inspection about some of the IPC measures in the centre including reporting structures, management of bodily fluid spills, and other standard precautions. They had no concerns about IPC in the centre, but advised the inspector that they could escalate any concerns or queries to the IPC team.

## Quality and safety

The inspector found that the provider and person in charge had implemented good practices and care arrangements in the centre to support a good standard of infection prevention and control (IPC).

There had been no recent admissions or discharges in the centre. Residents living in the centre had varied healthcare needs and the provider had ensured that appropriate supports were in place to meet them. Residents had access to a wide range of multidisciplinary team services as they required, including physiotherapy, psychiatry, dietitian and occupational therapy. Where they wished to, residents had been supported to avail of COVID-19 and flu vaccinations programmes.

The person in charge had ensured that residents' healthcare needs were assessed which informed the development of care plans. The inspector viewed a sample of assessments and plans, such as safety, mental health, personal care, chiropody, diet, and medication, and found that they were up to date.

The premises was well maintained to a high standard. However, some areas of the centre required attention to mitigate infection hazards and risks, such as rust on a fridge, and dark mildew in an en-suite bathroom. These matters had been identified by the provider and they had actions to address them.

The centre was generally clean. Social care staff completed cleaning duties, in addition to their primary roles. Cleaning schedules and records were maintained, however some minor enhancements were required, for example, to detail the

washing machine cleaning requirements. There was a stock of cleaning chemicals, and colour coded cleaning equipment such as mops and clothes were used as a measure against infection cross contamination. The inspector also observed the vehicle used by residents to be clean and stocked with cleaning supplies and hand sanitiser.

There were arrangements for the safe management bodily fluid spills, such as alginate bags, documented guidance, PPE, and spills kits. There were also good hand hygiene facilities including soap, hot and cold water, paper towels, appropriate waste receptacles, and readily available hand sanitiser.

Residents were observed adhering to good hand hygiene when washing their hands. They also told the inspector that they knew about vaccine programmes. Staff told the inspector that residents were given verbal reminders about IPC, and resident meeting minutes noted discussions on hand washing and respiratory etiquette.

## Regulation 27: Protection against infection

The registered provider had developed and implemented effective systems and processes to prevent, control, and protect residents from the risk of infection. The inspector observed practices which were consistent with the national standards for infection prevention and control (IPC) in community services.

The provider's IPC team were available to provide direction and guidance to the centre, and there were written policies and procedures on IPC matters readily available for staff to refer to. The person in charge had also completed IPC plans and risk assessments specific to the centre.

The arrangements for the oversight and monitoring of IPC in the centre were effective. The provider's IPC team had carried out a detailed IPC audit, and other audits and reports such as annual reviews, six-monthly reports, and health and safety checklists had also reviewed aspects of IPC. Actions identified for quality improvement were monitored and progressed to ensure completion.

Staff working in the centre had completed IPC and hand hygiene training to support them in understanding and implementing IPC measures and precautions. Staff spoken with had a good understanding of the IPC measures in the centre.

Residents' healthcare needs had been assessed which informed the development of healthcare plans. They had access to multidisciplinary team service as required. They could also avail of vaccination programmes, and had a good understanding of other IPC measures such as hand hygiene.

The centre was appropriate to the residents' needs. It was clean and generally well maintained. The provider had identified and planned for some areas of the centre to be enhanced to mitigate infection hazards.

There was good hand washing and waste arrangements, and a sufficient supply of PPE, cleaning products and equipment. Staff completed cleaning duties in the centre, and there was guidance and schedules to inform their practices.

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