



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

Issued by the Chief Inspector

Name of designated centre:	Clew Bay
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Unannounced
Date of inspection:	01 September 2022
Centre ID:	OSV-0002334
Fieldwork ID:	MON-0037365

About the designated centre

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

Clew Bay is a designated centre operated by St Michael's House located in an urban area of north Co. Dublin. It provides community residential services to eight adults with intellectual disabilities over the age of 18. The centre consists of two premises located in nearby towns. One premises is a two-storey, end of terrace house with six bedrooms, three bathrooms, a kitchen, dining and living spaces. The other premises is a semi-detached house with two bedrooms (one of which contained an en-suite bathroom), a staff bedroom and office, a kitchen and dining area, living room, main bathroom, and outdoor utility area. The centre is located close to amenities including shops, pubs, churches, Garda station, credit union, banks, parks, a swimming pool and a library. The local shopping centre is a 10 minute walk and the area is well served by public transport. The centre is staffed by a person in charge and social care workers. Residents have access to nursing support through a nurse on call service if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Thursday 1 September 2022	10:30hrs to 18:00hrs	Amy McGrath	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor and review the arrangements the provider had in place in relation to infection prevention and control (IPC). During the course of the inspection, the inspector met and spoke with residents and staff and had an opportunity to observe the everyday lives of some residents in the centre.

The centre comprised of two houses located in nearby towns in North Dublin. The inspector commenced the inspection at the larger of the two homes and this was facilitated by the staff members on duty. The person in charge arrived to the centre shortly after the inspection commenced. The inspector was shown around both premises by the person in charge.

The larger premises was a two-storey semi-detached house. It comprised of six bedrooms, a staff office, a large kitchen and dining area, two living rooms, a utility room, two fully equipped bathrooms upstairs, and a small bathroom downstairs. There was a large garden to the rear of the premises. This home accommodated six residents. There were no vacancies at the time of inspection.

The second premises was a semi-detached house with two bedrooms (one of which contained an en-suite bathroom), a staff bedroom and office, a modest sized kitchen and dining area, living room, main bathroom, and outdoor utility area. This house was home to one resident and had no vacancies.

The inspector observed that both premises were clean and tidy. Each of the houses was nicely decorated and provided a homely and comfortable environment for residents to live in. All residents had their own bedrooms which were well furnished and decorated to their personal tastes and preferences.

Residents enjoyed active lifestyles and attended day services and other activity or education programmes in accordance with their abilities and wishes. For example, one resident attended a day service on a part-time basis and had a role in a local community garden one day per week. Another resident was being supported to find paid employment and was due to return to education when the term recommenced later in the month.

One resident (who lived in the smaller of the houses) was supported to attend a day service and was in the process of transitioning to the centre. The inspector observed that the transition was carried out in a manner that ensured the resident could move at a pace they were comfortable with. This resident was not in the centre during the course of the inspection.

The inspector spoke to five of the six residents who lived in the larger premises. All residents were complimentary of the service and the staff team. Residents told the inspector of ways they help in the running of their home and spoke of the supports

they had to keep safe in the community during the COVID-19 pandemic. Residents engaged with each other in a friendly and comfortable manner and engagements between staff and residents were respectful and familiar.

One resident spoke to the inspector about measures the centre was taking to ensure better practice in regards to the use of small equipment, and shared their views on this with the inspector. One resident told the inspector that while they enjoyed living in the centre, their preference would be to live somewhere with less people. During the course of the inspection residents came and went to their own activities and appointments. One resident left to go to for dinner with a friend and had plans to go to the cinema later that evening. Another resident was observed to look comfortable sitting in an armchair watching a movie in their bedroom.

The staff team comprised of a number of social care workers who were managed by a person in charge. The person in charge had oversight of both houses and reported to a service manager. The inspector found that this arrangement facilitated sound management and oversight arrangements in the centre.

The staff team had the additional responsibility for housekeeping and general cleaning. Both premises were found to be clean and tidy, with good implementation of cleaning schedules for the environment and equipment. There were some areas of the premises that despite regular cleaning remained stained or discoloured. These had been identified in the provider's own hygiene audit and required repair or replacement in order to be cleaned effectively.

Residents received visitors in line with prevailing public health guidance. The inspector found that the person in charge facilitated contact and visits with family and friends in a manner that ensured residents could maintain relationships and also minimised the risk of acquiring a healthcare associated infection. Visitors were encouraged to take reasonable precautions to reduce IPC risks in line with public health guidance, and at the time of inspection there were no restrictions. The inspector observed on the day of inspection that a resident had a friend call over to their home. The friend spent some time in the centre with the resident before they left to attend a social event together.

Residents had individualised care plans that included guidance as to how they were supported in times of ill-health and measures to be taken to reduce the likelihood of acquiring a healthcare associated infection. Residents were supported to take a lead role in managing their own healthcare needs. The inspector found that the plans and risk assessments did not fully consider the risks related to the colonisation status of one resident. This is discussed later in the report.

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 to each resident living in the centre.

Capacity and capability

Generally, the governance and management arrangements were ensuring that infection prevention and control measures were consistently and effectively monitored. There were auditing systems in place and a clear organisational structure to ensure that measures were in place to provide care and support which was consistent with the National Standards. Some improvements were required in relation to outbreak management plans and premises in order to fully comply with the standards.

The centre had a full-time person in charge. There was a clear management structure and lines of accountability, with defined responsibilities for staff and management. There was an appointed IPC lead who had additional responsibilities in the oversight of infection prevention and control practices. Staff and the person in charge had access to specialist IPC advice and there was an effective on-call management system in place.

There were systems in place to ensure that the service provided was regularly audited and reviewed. The person in charge had completed the self-assessment questionnaire published by HIQA which reviewed the centres preparedness for an outbreak of COVID-19. The person in charge also supervised a schedule of audits that included the review of areas such as environmental hygiene and staff training. An annual review of the care and support had been completed, and the provider ensured an unannounced visit occurred in the centre every six months. The provider had arranged for an infection control audit to be carried out in the centre, which had identified some areas requiring improvement that had been implemented by the person in charge.

Residents were supported by a team of social care workers. There appeared to be an adequate number of staff in place to meet the needs of residents and to safely provide care and support. IPC matters were found to be discussed and reviewed at team meetings and management meetings, with necessary items escalated to the accountable person or department. It was noted that staff were clear regarding their roles and responsibilities in relation to IPC. Audits were noted to drive improvement and affect positive change.

The person in charge closely monitored a programme of training for staff members, which ensured that all staff had the necessary training to carry out their roles. The provider had ensured that staff had access to a range of training and continuous development opportunities, including refresher training. The inspector reviewed training records and found that training was provided in areas including general infection prevention and control, hand hygiene, and COVID-19; it was noted that all staff had received up-to-date training in these areas. The inspector spoke to a number of staff members and reviewed records in the centre which indicated that staff had a good awareness of standard based precautions.

The provider had an outbreak contingency plan in place which outlined the steps to

be taken in the event of an outbreak of infection in the centre. There had been an outbreak of COVID-19 in the centre earlier this year and it was noted that the provider implemented the outbreak management plan with good effect. The person in charge had reviewed the implementation of the plan and updated the centre's plan to reflect any learning from the outbreak. In accordance with the specific needs of residents, the outbreak management plan, and associated risk assessments, required review and update to ensure they accurately reflected the risk associated with the colonisation status of one resident.

Quality and safety

Overall, the inspector observed that the staff team maintained good standards regarding infection prevention and control. It was evident that the management team and staff were endeavouring to provide a safe, high quality service to residents. Residents appeared happy in their home and were supported by staff who were familiar with their needs and preferences. With regards to infection prevention and control, some improvements were required to ensure that outbreak management plans reflected known risks accurately, and that the premises were maintained in optimal condition in line with the National Standards for infection prevention and control in community services (HIQA, 2018).

The provider had measures in place to ensure that the wellbeing of residents was promoted and that residents were kept safe from infection risks. Residents received information that supported them to keep themselves safe and to manage their own healthcare as independently as possible. One resident received support from a specialist nurse to independently manage a specific healthcare need. Staff had received training in this area in order to support the resident further.

Residents were supported to maintain good hand hygiene and had been supported to adhere to public health guidance in areas such as receiving visitors. Residents had been supported to avail of immunisation programmes in accordance with their will and preference. It was noted that residents received clear and unbiased information in order to make informed decisions about healthcare interventions.

Staff members spoken with knew the residents well, and were knowledgeable about their assessed needs. It was evident that IPC and COVID-19 were regularly discussed by the staff team and the inspector observed good adherence to standard precautions throughout the inspection.

There was clear guidance available with regard to environmental hygiene and the cleaning of equipment. The person in charge oversaw the completion of hygiene tasks and staff members had specific responsibilities in relation to cleaning areas of the premises and equipment. While the centre was generally clean, inspectors did note some areas which required attention by the provider to ensure that the environment and facilities were maintained in optimum condition.

There was a detailed personal plan in place for each resident, and these were regularly reviewed and updated. Each personal plan included guidance as to the steps to be taken for each individual in the event of an outbreak of an infectious disease, or in the event of a resident being a suspected or confirmed case of COVID-19.

As previously mentioned, there was a known IPC risk that related to the colonisation status of one resident. The inspector found that this had not been considered in the development of personal plans or outbreak management plans, and there was no clear guidance as to how this information would be shared with other healthcare professionals. This meant that there was an increased risk that an infection could be spread to other residents and staff if the appropriate measures were not taken.

There were adequate supplies of PPE stored in the centre for routine daily use. In the event of an outbreak, additional PPE was available. The provider had systems in place for the management of clinical waste and the staff were aware of the procedures to follow regarding this.

There was a designated utility room in the larger of the premises that was used in the management of laundry. There was a washing machine and a dryer available and the utility area was found to be clean and tidy with adequate space and facilities to minimise cross contamination. Staff were knowledgeable when spoken with regarding temperatures for washing laundry and there were clear arrangements in place for the management of soiled linen. In the other premises, there was an outside building available with laundry facilities. While the utility area was clean there were no hand hygiene facilities available, which meant staff could not perform hand hygiene after handling linen and before re-entering the home.

It was evident throughout the inspection that the person in charge and staff had a sound understanding of standard precautions and had applied this to practices in the centre. For the most part, there were effective oversight arrangements in place that ensured infection prevention and control risks were well managed. The person in charge demonstrated a commitment to fully addressing the areas of concern raised by the inspector.

Regulation 27: Protection against infection

Overall, the inspector found that the governance and management arrangements facilitated good IPC practices.

The provider demonstrated a commitment to meeting the national standards and there were a range of effective oversight arrangements in place.

Notwithstanding, some action was required to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018).

This was observed in the following areas:

- There were no hand-wash facilities in the utility area of one premises.
- While there was an outbreak management plan in place, it did not give due consideration to the colonisation status of one resident.
- Some areas of the premises were heavily stained (such as flooring and tiles) despite regular cleaning and needed to be replaced.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Clew Bay OSV-0002334

Inspection ID: MON-0037365

Date of inspection: 01/09/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • A hand sanitizer dispenser will be installed on the wall of the utility room • The centres outbreak management plan was updated to include colonisation status of one resident • A member of the organisation’s housing association completed a site visit on the 20th October to review the premises and below actions were agreed; <p>General Repairs - Upstairs bathroom</p> <ul style="list-style-type: none"> • Flooring to be repaired where it has peeled away from the walls. • Silicone around the bath to be replaced. • Missing tile beside the radiator to be replaced. <p>Upstairs bathroom (toilet cubicle section)</p> <ul style="list-style-type: none"> • Whiterock to the toilet cubicle section only of upstairs bathroom (this will require a quote and funding approval) <p>Whiterock - Upstairs shower room</p> <ul style="list-style-type: none"> • Whiterock to be extended to cover all the walls and the ceiling. (This will require a quote and funding approval.) <p>Flooring in bathrooms</p> <ul style="list-style-type: none"> • Altro flooring is in place in bathroom and this is a porous product. It requires special cleaning to remove the dirty water and limescale after mopping. Daily mopping should be finished with a thorough rinsing with clear water. Deep cleaning is done by using the correct solution of Altro 44, using a deck scrub on the areas (long handled deck scrub if required), leaving the product to soak into the floor for 30 minutes, scrubbing again with the deck scrub, and then thoroughly rinsing a few times with clear water. Any pooling of water should be dried to reduce lime scale build up. 	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/07/2022