



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

Issued by the Chief Inspector

Name of designated centre:	Garvagh House
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	28 March 2023
Centre ID:	OSV-0002348
Fieldwork ID:	MON-0039229

About the designated centre

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

Garvagh House is a residential service for five adults with intellectual and physical disabilities. The centre is operated by St Michael's House. The centre comprises a large detached house located in North County Dublin. There are four resident bedrooms, one staff sleepover room, a sensory room, quiet room, sitting room and kitchen/dining room, as well as a self-contained apartment attached to the main building. The centre is within walking distance of public transport and a range of local amenities which residents frequently use. There is a well-proportioned garden to the rear of the centre for residents to enjoy. The centre is managed by a person in charge and they report to a service manager. The staff team consists of social care and direct support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 28 March 2023	10:00hrs to 15:30hrs	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 large two-storey house located in a busy suburb of Dublin. Attached to the main house was a self-contained apartment containing a kitchen dining area, bedroom with en-suite bathroom, and access to a separate garden. The centre was close to many local amenities and services, including shops, public transport and the beach. There was also a vehicle available to support residents in accessing their community. The inspector completed a thorough walk-around of the centre with the person in charge. The centre was found to be bright, comfortable, and clean. Overall, it was well maintained, however some minor upkeep was required such as repainting of some door frames and the veneer on a bathroom unit.

Residents' bedrooms were decorated in line with their personal tastes. Some residents used electric beds, and records showed that they were up to date with servicing. The communal living space included a sitting room, kitchen dining room, sensory room, and a 'quiet room' that the person in charge planned to convert into another sensory room. The kitchen was well equipped and there was a variety of foods for residents to choose from. The inspector observed a visual staff roster and a notice board in the kitchen displayed information on independent advocacy services, the complaints procedure, and the Assisted Decision-Making (Capacity) Act 2015. There was a separate utility room, and adequate bathroom facilities. The back garden was large, with nice plants, shed and trampoline, and the person in charge informed the inspector that new garden furniture had been ordered.

The inspector observed good IPC practices and arrangements, such as access to hand washing facilities, staff wore appropriate personal protective equipment (PPE), and there was a good supply of cleaning chemicals and equipment. Mobility equipment used by one resident required cleaning, and staff cleaned it before the inspection concluded.

The inspector observed several restrictions, including environmental and physical interventions, in the centre. The rationale for the restrictions was clear, and the person in charge had sought approval from the provider's group responsible for the oversight of restrictions.

The inspector observed good fire safety systems. There was fire detection, fighting, and containment equipment. The equipment was regularly serviced, however recent servicing records for the emergency lights recommended that some lights should be replaced. Staff also completed regular fire safety checks. The inspector tested

several fire doors and found that they closed properly when released. Fire drills were completed which tested the effectiveness of the fire evacuation plans prepared by the person in charge.

Four residents attended day services, and one was supported by staff in the centre with their social and leisure activities. The inspector met all residents during the inspection. One resident briefly engaged with the inspector and said they liked the centre. The inspector observed staff engaging warmly with the resident. The other residents did not communicate their views, however observations showed they appeared comfortable with staff.

The annual review, dated January 2023, had consulted with residents and their representatives, and the staff team. Residents' feedback was mostly positive but noted issues with staffing deficits and noise in the centre. Staff feedback raised similar concerns regarding staffing levels and the compatibility of residents in the centre. These matters are discussed further below. Two families provided positive feedback, for example, comments included "all the staff at Garvagh are so kind and thoughtful".

The inspector met and spoke with different members of staff during the inspection including the person in charge, social care and direct support workers. Most staffing vacancies had been filled in recent months which was having a positive effect in the centre. However, there remained one whole-time equivalent vacancy. The person in charge endeavoured to fill the vacancy with regular relief and agency staff as much as possible to support consistency of care for residents. Some residents had made complaints regarding how staffing deficits were impacting on their opportunities for social activities. Staff team meeting minutes from November 2022 had also noted similar concerns. The person in charge was organising a rota review to amend it to better suit residents' needs, and the provider was actively recruiting to fill the vacant post. However, following the inspection, the provider was requested to submit assurances to the Office of the Chief Inspector of Social Services on how they would address residents' complaints and ensure that appropriate staffing arrangements were maintained in the centre.

The person in charge demonstrated good knowledge of residents' needs and of the relevant regulations and standards. They also demonstrated a drive toward quality improvement, for example, they had recently organised in-house autism training for staff to attend to enhance their knowledge. They were happy with the staff complement and access to multidisciplinary team services. They told the inspector that safeguarding incidents had reduced since the reconfiguration of the centre, however the varying needs of the residents posed compatibility challenges, for example, some residents made loud vocalisations which could disturb other residents. The inspector found that safeguarding incidents were being managed appropriately, however there remained a residual incompatibility risk that required continued close monitoring by the provider.

The person in charge told the inspector that residents enjoyed activities such as swimming, going to pubs and cafés, horse riding, bowling, cinema, and shopping. The said that residents' rights were being promoted in the centre, and that they

were provided with choice and control over their lives.

Social care and direct support workers spoke with the inspector together. They said that residents received a good quality and safe service that was operated in a person-centred manner. They also described how residents' rights were promoted, for example, through consultations and provision of choices. They were relatively new to working in the centre, but demonstrated a very good understanding of the residents' needs as they spoke about a range of topics including safeguarding procedures, reporting structures, IPC measures, fire safety, and residents' personal plans.

The inspector found that the improvements as noted in the previous inspection of the centre in September 2022 had been sustained. Overall, the provider and person in charge were implementing measures and systems to improve the service provided in the centre.

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 to support their oversight of the centre. 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 to the centre. They also shared updates on COVID-19 and IPC matters as required, for example, information regarding norovirus was shared in earlier in the month.

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, sharps, laundry, and bodily fluid spills. There was also copies of public health information available in the centre for staff to refer to. IPC outbreak plans had been prepared by the person in charge

outlining arrangements such as cleaning, isolating residents, 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.

The provider had implemented good systems to monitor IPC arrangements in the centre. The IPC team carried out a detailed audit in December 2022 and identified actions for improvement. Provider-lead annual reviews and six-monthly reports on the quality and safety of service were completed, and monthly IPC checklists were carried out the person in charge. The person in charge had also completed an IPC self-assessment tool in March 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 COVID-19 and infection related risk assessments. Some risk assessments required further consideration regarding their description.

The staff training log showed that they had completed relevant IPC training to support them in understanding and implementing IPC measures and precautions. They also attended regular team meetings and IPC was a regular topic discussed. Recent meeting minutes noted discussions on the IPC policy, IPC audit, use of PPE, vaccination programmes, and cleaning arrangements.

Staff spoken with demonstrated a good understanding of the IPC measures in the centre such as the outbreak plans, cleaning arrangements, management of bodily fluid spills, use of PPE, and other standard precautions.

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, and none of the residents had been hospitalised. Residents 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, speech and language, and occupational therapy. Where they wished to, residents had been supported to avail of COVID-19 and flu vaccinations programmes, and there was easy-to-read information on vaccines in the centre.

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 personal care, medication, nutrition, epilepsy, and

skin, and found that they were up to date. During times of outbreak or isolation, residents had been supported to keep in contact with their families through phone and video calls.

The centre was clean. Social care and direct support workers completed cleaning duties, in addition to their primary roles. Cleaning schedules were comprehensive, and records of the duties were maintained. There was a stock of cleaning chemicals with safety data sheets, and colour coded-cleaning equipment such as mops and clothes were used as a measure against infection cross contamination.

There were arrangements for the safe management bodily fluid spills, such as alginate bags, documented guidance, and PPE. There were also good hand hygiene facilities including soap, hot and cold water, paper towels, appropriate waste receptacles, and readily available hand sanitiser. There were controls in place to reduce the risk of legionella in the centre.

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 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 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 services as required. They could also avail of vaccination programmes.

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

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
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Compliant