



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

Issued by the Chief Inspector

Name of designated centre:	Willowpark
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Unannounced
Date of inspection:	20 April 2023
Centre ID:	OSV-0002372
Fieldwork ID:	MON-0039231

About the designated centre

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

Willowpark is a designated centre operated by Saint Michael's House. It provides a community residential service to up to five adults with a disability. The house is an extended double fronted single story home comprising of a kitchen/dining room, one living room, one quiet room, five bedrooms, two bathrooms and a staff office/sleepover room. There is a patio area leading off the living room that can be used for dining and relaxing. The centre is situated in a suburban area of County Dublin with access to a variety of local amenities such as shops, bus routes and the city centre. The centre is staffed by a person in charge and social care staff. Staff have access to nursing support through a nurse-on-call service.

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
Thursday 20 April 2023	09:30hrs 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 single-storey building in a busy Dublin suburb close to many amenities and services including shops, cafés, parks, 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 generally clean. The communal space including a kitchen dining area, two sitting rooms, large bathroom, and outdoor spaces. 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 comfortable and decorated in line with their personal tastes. Servicing records indicated that specialised equipment used by residents, such as electric beds, were up to date with their servicing requirements.

Some of the roof gutters required attention. The garden shed contained an assortment of items including incontinence wear used by residents. However, the inspector observed a gap in the roof that posed a risk of pests or water entering and causing damage to the items.

There was a small number of restrictive interventions used in the centre. The interventions were for the safety of residents, and had been approved by the provider's oversight group.

The inspector observed good IPC practices and arrangements, such as access to hand washing facilities and personal protective equipment (PPE), and a good supply of cleaning chemicals and equipment. However, areas of the premises required attention, for example, there was mould around the skylight in the large bathroom, and the veneer on some of the kitchen presses was worn. These matters had been already identified by the provider as requiring mitigation.

Four residents were not in the centre during the inspection as they were attending different activities including day services. One resident was supported by staff in the centre and went to visit their family in the afternoon. The inspector observed staff interacting kindly and warmly with the resident and the resident appeared to know the staff well. Staff were observed offering the resident choices, for example, choosing what to eat and drink, and what music to listen to. The resident did not verbally communicate their views with the inspector, but appeared relaxed and content in their home.

The provider's last annual review of the service had consulted with residents and their representatives. Three residents provided feedback which was positive and indicated that they were happy living in the centre, felt safe and respected, and were satisfied with the support they received. Four representatives provided positive feedback, such as the standard of care provided to residents was "amazing" and "brilliant", and staff were "lovely".

Residents attended regular house meetings, and the inspector viewed a sample of recent meeting minutes. The minutes reflected discussions on activity planning, safeguarding, complaints, menu planning, IPC measures, advocacy, and rights awareness, for example, making choices and privacy. The inspector also observed information on complaints, safeguarding, and independent advocacy services displayed in the centre for residents to refer to, and a visual staff rota was on the kitchen notice board.

The staff skill-mix consisted of social care staff and a full-time person in charge. There were no vacancies. The inspector viewed a sample of the recent rotas and they clearly showed staff working in the centre. Staff were required to complete training in a range of areas including IPC, fire safety, safeguarding of residents, emergency first aid, and manual handling. Staff also attended regular team meetings. Recent meeting minutes noted discussions on IPC, safeguarding, incidents, fire safety, and residents' needs.

The person in charge was not on duty during the inspection, and it was facilitated instead by the service manager and staff working in the centre.

Social care staff told the inspector that residents were happy in the centre, and received a good quality and safe service that was person-centred and met their needs. Residents got on well and there were no safeguarding concerns, however staff were aware of the provider's safeguarding procedures. They had no concerns about the service provided in the centre, but told the inspector that they could easily raise concerns with the person in charge who they described as being very supportive.

They spoke about some of the activities that residents enjoyed such as, attending day services, visiting family and friends, courses and educational classes, bowling, swimming, eating out, sport events, and going on holidays. They spoke about how residents were supported to understand and exercise their rights, for example, through discussions at resident meetings, sharing of easy-to-read information, provision of choices, and supporting residents' individual communication needs. Staff demonstrated that they knew the residents very well. Staff also spoke about IPC arrangements in the centre, and these matters are discussed further in the report.

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 needs. 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. 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. 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.

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 was 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. The policy and procedures were signed by staff to indicate that they read them. A folder was also available to them with up-to-date public health information on IPC matters.

IPC management plans had been prepared outlining arrangements such as isolation arrangements, cleaning of the centre, staffing, communicating with residents' representatives, and access to 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 provider had implemented good systems to monitor IPC arrangements in the centre. The IPC team carried out a detailed audit in November 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. The person in charge had also completed monthly infection control checklists as well as an IPC self-assessment tool to assess the effectiveness of the IPC arrangements.

The audits and reports identified mostly positive findings, however premise issues as discussed further in the report were also noted as requiring improvement. The inspector found that actions for improvement from audits and reviews were being monitored by the person in charge and service manager, and progressed to ensure completion, for example, cracked tiles and rust on grab rails had been addressed. Other issues were outstanding, but were being escalated, for example, replacement of a skylight that presented with mould.

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 revision to ensure that they were more specific to the centre.

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

Staff working during the inspection spoke about some of the IPC measures in the centre including their training, cleaning schedules and checklists, management of laundry and bodily fluid spills, hand hygiene 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 person in charge.

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 psychology, dentistry, chiropody, speech and language, general practitioners and specialist consultants.

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, intimate care, skin, mobility, and epilepsy, and found that they were up to date.

IPC matters such as hand hygiene and respiratory etiquette had been discussed at residents' meetings to support their understanding in these areas. Easy-to-read information on COVID-19 had also been prepared for them. Where they wished to, residents had been supported to avail of COVID-19 and flu vaccinations

programmes. During times of national COVID-19 restrictions, residents had been supported to keep in contact with their loved ones through phone and video calls.

The premises was comfortable and appropriate to the residents' needs. Generally, it was homely and nicely decorated. However some minor upkeep and refurbishment was required, for example, worn kitchen presses and minor chips in the counter, repainting in some communal areas, repair to a hole in a wall and some mould around the skylight in the main bathroom. However, these matters had been identified in audits and reports carried out by the provider and person in charge and the provider had plans for the skylight to be replaced in the coming months which would address the mould issue.

Social care staff completed cleaning duties, in addition to their primary roles. Cleaning schedules were used to inform their practices, and the schedules viewed by the inspector were comprehensive, for example, they included the washing machine, vehicle, and shower curtains, as well as areas and items cleaned on a more frequent basis. 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.

Overall, the centre was maintained to a good standard of cleanliness. The inspector observed early on in the inspection that the staff shower and a window sill in the facility required cleaning, later that day the inspector observed staff on duty clean those areas. The inspector also observed the vehicle, used by residents, to be maintained in a clean and organised manner.

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.

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.

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 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 IPC measures were discussed during their house meetings.

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.

While there were some areas of the premises that required minor upkeep and repair the provider and person in charge had identified these areas and had plans in place to address them.

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