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

Issued by the Chief Inspector

Name of designated centre:	Sallowood
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	05 April 2023
Centre ID:	OSV-0002378
Fieldwork ID:	MON-0039045

About the designated centre

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

Sallowood is a designated centre operated by St Michael's House located in North Dublin. It provides a community residential service to six older adults with intellectual disabilities and associated healthcare support needs. The designated centre is a detached building consisting of six bedrooms, a lounge room, a kitchen/dining area, sluice room, a staff office, staff sleepover room and bathrooms. Two independent living apartments are located on the first floor but do not form part of the designated centre and have a separate entry and exit point from the designated centre. Residents living in the designated centre have access to a large garden courtyard space garden area at the rear of the house. The centre is staffed by a person in charge, nursing staff and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

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 5 April 2023	09:30hrs to 15:00hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This 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. This inspection was unannounced. The inspector had the opportunity to meet with some of the residents on the day of inspection. Some of the residents chose to speak to the inspector in more detail regarding their experiences of living in the designated centre. The inspector wore a face mask and maintained social distancing as much as possible during interactions with residents and staff.

The inspector saw, on arrival to the designated centre, that it was well maintained and welcoming. The exterior of the house was bright and well kept. The inspector was greeted by staff on duty who were seen to be wearing appropriate personal protective equipment (PPE). Wall mounted hand sanitiser was available at regular intervals throughout the house.

The inspector was informed that the person in charge and service manager were on leave on the day of inspection. Staff were aware of the interim management arrangements and made contact with another service manager who attended the centre to facilitate the inspection. Additional staff were also assigned to the centre to support the inspection and to minimise any disruption to residents' daily routines.

The inspector was informed by staff that they were expecting a resident to be discharged from hospital to the designated centre on the day of inspection. The resident had been admitted due to health complications and had been supported by staff and their family during their hospital admission. The inspector saw that staff communicated effectively with each other regarding the discharge and were aware of the information to be sought on discharge to ensure a smooth and safe transition back to the designated centre.

Several of the residents were in bed when the inspector arrived and, as the morning progressed, were supported with their personal care and morning routine. The inspector saw staff assisting residents in a kind and gentle manner. Throughout the day residents were seen to be comfortable in their home. Some residents relaxed in the sitting room while others sat in the kitchen and chatted to staff or completed word searches.

One resident spoke to the inspector about their experiences of living in Sallowood. They said that it was a nice house and that they felt safe living there. The resident said that it could be hard when the staff changed and that they missed their previous keyworker who had left some time ago.

This resident told the inspector about the measures they took to keep themselves safe from infection. They also told the inspector that the staff kept the house very

clean and were good at washing their hands.

The designated centre was clean and homely. The provider had recently fitted a new kitchen which was effective in supporting good infection prevention and control practices. The kitchen had a dedicated hand wash sink as well as a food preparation sink. The kitchen appliances were clean and well-maintained. Food was stored in a safe and hygienic manner.

The centre had been recently painted and all furniture and fittings including armchairs, blinds and curtains were clean and well-maintained. The centre footprint included a sitting room, kitchen and dining room, two toilets, a large accessible bathroom, a utility room, a sluice room and individual resident bedrooms. Residents also had access to a large, well maintained garden. Resident bedrooms were decorated in line with their personal preferences and were seen to be clean and tidy. The house was decorated in a comfortable and homely manner.

Overall, the inspector saw that the residents lived in a clean and well-maintained home where the staff were well-informed regarding IPC policies. The inspector was told that staff took measures to protect residents from acquiring a healthcare associated infection. Residents told the inspector that they were happy with their home and their new kitchen and that they felt safe living in Sallowood. Residents commented on the impact that staff vacancies had on them. This will be discussed in the next section of the report.

The next two sections of the report will present the findings of the inspection with regard to the capacity and capability of the provider and the quality and safety of the service.

Capacity and capability

The inspector found that the registered provider had implemented effective governance and management arrangements to mitigate against the risk of residents acquiring a healthcare-associated infection. Staff were found to be knowledgeable regarding IPC and of how to seek guidance in relation to the management of IPC risks. However, a review of IPC related documentation in the centre was required to ensure that there were comprehensive audits, local operating procedures and outbreak management plans to guide staff in the management of local IPC-related risks.

There had been some changes to the local oversight arrangements in recent months due to the temporary and unplanned absence of the person in charge (PIC). An interim person in charge had been appointed however they were not based in the designated centre. This had resulted in some audits and risk assessments being out of date or incomplete. For example, several risk assessments including a COVID-19

risk assessment along with the centre's outbreak management plan contained out-of-date public health guidance. Another risk assessment relating to the storage of a fluid thickener was found to contain ineffective control measures. This required review by the provider. Additionally, an annual review of the quality and safety of care in the centre for 2022 had also not been completed at the time of inspection. The inspector was informed that this was in progress.

The inspector was informed that staff meetings and supervisions had not occurred while the PIC was on leave. However, staff stated that they were kept informed regarding IPC updates through internal emails, memorandums and liaison with the provider's IPC lead. The PIC had held a staff meeting since their recent return to duty and the inspector saw that IPC was discussed at this meeting in line with the provider’s policy. The PIC had also recently introduced a series of local IPC and environmental hygiene audits. However, these did not capture all of the risks in the centre including, for example, that some practices relating to the management of soiled linen and laundry were not in line with the provider's policy.

The person in charge had also recently introduced a system to ensure that seldom-used faucets in the centre were flushed regularly to mitigate against the occurrence of Legionnaire’s disease. However, the inspector saw that these audits did not include all seldom-used faucets in the centre. The inspector was informed that staff had discussed this at a staff meeting the day prior to the inspection and that these outlets were to be added to the audit.

There was a clear reporting structure in place in relation to the management of IPC related risks. The provider had nominated a responsible person at the highest level to have oversight of IPC. Staff were knowledgeable regarding the chain of command and of how to escalate risks to the infection control leads. A local IPC lead had also been identified within the staff team.

Staff described the support that they had received from the provider’s IPC leads in managing a recent outbreak of infection in the designated centre. Staff reported that they were well-supported and informed during this outbreak. The inspector was informed that a post-outbreak meeting had also taken place between the staff and the IPC leads subsequent to that outbreak and that learning was taken from this. However, this meeting and the learnings were not documented.

Staff were informed regarding the provider’s updated IPC policies. The inspector saw that staff had signed off on having read these policies in the current year. Staff spoken with also demonstrated comprehensive knowledge of their roles and responsibilities in the prevention of healthcare-associated infections. Staff had completed training in infection prevention and control and competently described standard and transmission-based precautions in place in the centre.

The inspector also saw that there was clear communication from the provider level to staff in relation to updates to public health guidance. An internal memorandum was circulated to staff on the day of inspection regarding changes that had been made to the public health guidance including that pertaining to mask wearing.

An outbreak management plan for the centre also required review to ensure that it

reflected current public health advice. For example, the outbreak management plan included information relating to the booking of PCR tests which were no longer required. The time frame that residents were required to self-isolate for was also incorrect. However, staff were aware of the correct current guidance and assured the inspector that they had adhered to the guidance that was most up-to-date at the time of the most recent outbreak.

Staffing vacancies had posed an issue in this designated centre for some time, as highlighted on the provider's six monthly audit and the annual review of the quality and safety of care in 2021. The inspector saw, on a review of the roster, that there was a high reliance on relief and agency staff to fill the roster in the months of February and March. The inspector was informed that a clinical nurse manager 1 had been recently recruited and had commenced working in the centre. The provider had also completed a roster review. This had resulted in an increase in the whole time equivalent for the designated centre. At the time of the inspection, there was one whole time equivalent vacancy. The inspector was informed that recruitment had commenced for this post.

Overall, the inspector was assured that the provider had effected appropriate policies to guide staff in the management of IPC related risks. Staff had received training in IPC and were knowledgeable regarding the general measures to be taken to reduce the risk of transmission of infection. However, there was a need for a review of local practices and procedures to ensure that these were in line with the provider's policy and completed in a manner which reduced the risk of transmission of infection.

Quality and safety

The inspector found that residents in this centre were in receipt of a service which was generally safe and person-centred. Residents were well informed regarding IPC and were provided with education and support to understand the IPC procedures in place in their home.

It was clear, from talking to residents and from reviewing the notes of residents' meetings that residents had been provided with information relating to IPC. Residents could describe the measures that they took to protect themselves from contracting an infection. There was accessible information in the kitchen to support residents in understanding standard precautions. Residents also were communicated with in a manner in line with their assessed needs when additional transmission based precautions were required due to an outbreak of infection. Some residents had additional communication needs and the inspector saw that their intimate care plans included important information on the supports required to maintain their dignity and autonomy and their personal preferences in this regard.

The designated centre was seen to be very clean and well-maintained. Since the last inspection of the centre, the provider had installed a new kitchen. This was found to

be supporting effective IPC practices. All furniture, fixtures and fittings were seen to be clean and well-maintained. The centre’s accessible bathroom and toilets were also cleaned and maintained in a suitable manner. There were adequate hand sanitising facilities throughout the centre and all sinks had hot water, soap and disposable paper towels.

There were comprehensive cleaning schedules in place for day, night and deep cleaning. These were maintained and it was evident that this cleaning was being completed.

The centre’s utility room was maintained in a manner which supported effective IPC practices. The washing machine was regularly cleaned and disinfected. Residents’ laundry was washed on separate days. Alginate bags were available to wash soiled linen and laundry. However, some staff described sluicing soiled linen which was not in line with the provider’s policy. This practice required review.

The centre’s sluice room was clean however there was no storage for required chemicals. The inspector saw that the cleaning of commode pans posed a risk of transmission of infection. Pans were carried from residents’ rooms down a long corridor to the sluice room where they were emptied. However, staff then had to go to the utility room across the corridor to access chemicals for cleaning. It was not evident that this was the most effective procedure which reduced a risk of transmission of infection.

On the day of inspection, the lid for one commode pan was not available in the resident’s bedroom. This resulted in the pan being carried with an ill-fitting lid which posed a risk of spills.

The inspector also saw that a clinical waste bin in the sluice room was overfilled and required emptying. It was not evident that this bin was being used solely for it’s intended purpose. The inspector was informed that it was required for the safe disposal of sharps however empty medicine bottles were also being disposed of in this bin.

A record of flushing of water systems had been recently introduced. The person in charge had identified that there were some water outlets in the centre which were used on an infrequent basis. They had therefore introduced a schedule to ensure that these were flushed on a regular basis. However, one seldom used faucet, an external garden tap was not included on this schedule.

Outbreaks of infectious diseases were identified, managed and responded to in a timely manner. The inspector saw that, when there had been a case of COVID-19 in the house, that this was communicated to residents and that they were supported in line with the available guidance at the time. Staff stated they were supported by the provider’s IPC lead during times of outbreak. An outbreak management plan was in place however some of this information was out-of-date and required review.

Overall, the inspector saw that the centre was maintained in a manner which minimised the risk of residents contracting a healthcare associated infection. Residents were provided with information required to protect themselves from

infection in a manner that was in line with their assessed needs. However, a review was required of the arrangements in place in relation to the use of the sluice room to ensure that this was not presenting a risk of transmission of infection. Additionally, enhancements were required to the outbreak management plan and to the disposal of clinical waste.

Regulation 27: Protection against infection

The provider had implemented measures to mitigate against the risk of residents contracting a healthcare associated infection. These measures included the provision of comprehensive policies to guide staff in service provision, training in the area of IPC and the nomination of IPC leads to support staff in the management of outbreaks of infection. However, improvements were required to the local oversight arrangements in the designated centre to ensure that there were comprehensive local operating procedures, outbreak management plans and risk assessments to manage risks specific to this designated centre.

Areas identified by the inspector which required review included:

- There were inconsistent practices in relation to the management of soiled linen and laundry. Some of the practices described by staff were not in line with the provider's policy.
- Several audits were incomplete or contained out-of-date public health guidance. An annual review had not been completed. The water flushing schedule did not include all seldom used water faucets.
- There was no local operating procedure in place for the management of commodes and the use of the sluice room.
- The storage of chemicals required for use in the sluice room required review. Chemicals were stored in the utility room. This meant that staff travelled through multiple rooms in the disinfection process which increased the likelihood of transmission of infection
- The COVID-19 risk assessment required updating to reflect current public health guidelines.
- A risk assessment for the storage of a medication, a fluid thickener, contained ineffective control measures.
- The centre's outbreak management plan required updating as some of the information included in this was out of date. For example, the timeframe for residents to self-isolate in the event of contracting COVID-19 was incorrect.
- While the inspector was informed that a post-outbreak review meeting had occurred, this had not been documented and so it was not clear how the centre had enhanced their practices and procedures in relation to the management of outbreaks of infection
- There was a high reliance on relief and agency staff to complete the roster. The inspector saw, on a review of the roster that 17 different relief staff were

required in March 2023. This did not support continuity of care for residents.
- A box which was allocated for the disposal of sharps was seen to be used to store empty medication bottles.

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 Sallowood OSV-0002378

Inspection ID: MON-0039045

Date of inspection: 05/04/2023

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 27: Protection against infection</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The PIC will discuss the Infection Control Policy in relation to soiled linen and laundry practices in the unit with all staff members at the next staff meeting on the 16th May 2023. Local guidelines will be implemented and discussed at the staff meeting on the 16th May 2023

An Annual Review will be completed by the PIC and Service Manager by the 31st May 2023

The PIC will review and update the cleaning schedule regarding water flushing to include all seldom used water faucets. Records will be available for review by the 31st May 2023

The PIC/PPIM will implement local guidelines regarding the management of commodes and the use of the sluice room by the 31st May 2023

The PIC will link with the maintenance department to install a locked press in the sluice room for the storage of chemicals for the disinfection process by the 12th May 2023

The PIC/PPIM will review and update the Covid 19 Risk Assessment to reflect current Public Health guidelines by the 12th May 2023

The PIC/PPIM will review and update the risk assessment control measures for the storage of a medication/fluid thickener in the unit as outlined in the internal Memorandum sent to the Sallowood Team by the 26th May 2023

The PIC will review and update the units Outbreak Management Plan by the 31st May 2023

The PIC will ensure that the management and review of IPC outbreaks are discussed at</td></tr>
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all staff meeting and evidence of these meeting can be found in the staff meeting minutes within the unit. Commencing 16th May 2023 onwards

The PIC, Service manager and HR Department liaise closely regarding filling staff vacancies with the unit. A CNM1 commenced in April 2023 which reduces the reliance of use of relief/ agency staff

The PIC/PPIM have implemented clear signage for the correct use of Sharps Bins/color coded bins within the unit. This will be discusses at the next staff meeting on the 16th May 2023

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	30/06/2023