

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

Issued by the Chief Inspector

Name of designated centre:	Marley Court
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	19 April 2023
Centre ID:	OSV-0002402
Fieldwork ID:	MON-0039062

About the designated centre

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

Marley Court is designated centre operated by St. Michael's House. The centre comprises a six bedroom, two storey house, located in a busy South Dublin suburb. The designated centre is located in close proximity to a large shopping centre, restaurants, wooded areas, and other amenities. Marley Court designated centre provides residential care and support to six adults with intellectual disabilities, and can support residents who have additional physical or sensory support needs. The centre is managed by a person in charge and person participating in management as part of the provider's governance oversight arrangement for the centre. The centre is staffed by a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 April 2023	10:00hrs to 14:00hrs	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 did not have an opportunity to meet with residents on the day of inspection as all residents were at day service. However, residents' views about the quality of service were seen to be reflected in the provider's recent annual review of the quality and safety of care. The inspector also reviewed residents' files and their daily notes to gain insight into residents' daily lives in this designated centre.

On arrival to the centre, the inspector was greeted by staff who requested that she sanitise her hands. Staff informed the inspector that there were no suspected or confirmed cases of COVID-19, influenza or any other known transmissible infections in the centre. Staff were not wearing face masks and told the inspector that they had been notified by the provider that face masks were no longer required when there were no suspected or confirmed cases of transmissible infection. This was in line with recent public health guidance. The inspector saw that staff had received this information in the form of a written memo from the provider.

The inspector saw that significant work had been completed to the premises of Marley Court since the last inspection. The centre was clean and well-maintained both internally and externally. New insulation had been provided throughout the building along with new, more energy-efficient windows. A new kitchen had been installed which staff reported was supportive of good IPC practices in relation to food preparation. Works had also been completed in the upstairs bathroom to ensure that there was adequate drainage in the shower.

Several volunteers from a local college were working in the garden on the day of inspection. They were seen to be pruning hedges and planting flowers. Access to the garden had been significantly enhanced since the last inspection. Overgrown trees had been removed and clipped back. A slope was installed to improve access along the path. Two of the residents' bedrooms had been fitted with doors so they had immediate egress to the garden and a new side gate had been installed.

Staff were seen to be cleaning on the day of inspection. Staff were informed regarding their roles and responsibilities in relation to infection prevention and control. They spoke competently regarding standard precautions and transmission based precautions and were seen to be wearing appropriate personal protective equipment (PPE) in their cleaning duties to prevent transmission of infection.

A walk-around of the designated centre was completed with the person in charge. The inspector saw that the centre was well-maintained. It had been recently painted. The centre looked and smelled clean and fresh. There were suitable hand hygiene facilities and availability of PPE, if required, throughout the house. Furniture and fittings were clean and well-maintained. Residents' bedrooms were personalised

and contained their preferred electronic appliances and activities for relaxation.

Residents' views on the quality of service were reflected in the annual review of the quality and safety of care. This had been recently completed in March 2023. Residents reported that they got on well together, that they were happy to be back in work and day services and that they enjoyed many activities in the community, at home and in day service.

The inspector saw photographs of residents' holidays, birthday celebrations and arch club parties. The inspector also reviewed a sample of residents' files and saw that residents had recently set goals for 2023. These goals included going on holidays and maintaining good health. Daily notes in residents' files detailed that residents accessed a broad range of activities including dancing, bingo, yoga, going out for dinner and visiting family.

Overall, the inspector saw that residents in Marley Court were in receipt of a quality, person-centred service that was delivered in a safe environment.

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

Overall, the inspector was assured that the provider had effective governance arrangements in place that supported the delivery of care in a safe manner. There was evidence of good local oversight of IPC risks and the centre was staffed by suitably qualified and trained staff who were knowledgeable regarding their IPC roles and responsibilities. All of these factors were supporting the delivery of care that was in line with the National Standards for Infection prevention and control in community settings.

The inspector saw that the provider had effected appropriate policies and procedures to guide staff in the management of IPC. The provider had also nominated an IPC lead at the provider level. Staff were knowledgeable regarding this IPC lead and of how to contact them for any concerns or queries. The inspector saw that there was regular contact between the IPC lead and staff during outbreaks of infection in the centre. Staff were seen to seek guidance regarding presenting issues to ensure that care was being delivered in line with good IPC practice and public health guidance.

There was comprehensive oversight of local IPC risks in the designated centre. There were up-to-date risk assessments, an IPC preparedness plan and an outbreak management plan. The IPC preparedness plan included information on the importance of communicating with residents and their families regarding their care during an outbreak of an infectious disease. The plan also included information on

enhanced cleaning arrangements, contingency planning for staff, and arrangements for bathrooms and for ensuring adequate nutrition of residents during outbreaks. Staff were knowledgeable regarding this plan and described how they had implemented it during a recent case of COVID-19. Staff reported that the plan had worked well and that there had been no further transmission of infection.

Quarterly health and safety audits were completed by the person in charge along with a monthly IPC checklist. Actions were derived from these audits and the inspector saw that actions were progressed in a timely manner. A risk register was maintained for the centre which included risks relating to IPC. The inspector saw that risk assessments were in place for risks such as COVID-19 and management of soiled linen and laundry. These risk assessments were comprehensive and sufficiently detailed to guide staff in managing these risks.

Marley Court had no vacancies in the staff team at the time of inspection. The centre was staffed by a team of social care workers, many of whom had worked in the centre for several years and knew the residents well. A review of the roster saw that gaps in planned leave were generally filled by regular relief staff. This supported continuity of care for residents.

Staff were well informed and knowledgeable regarding IPC and public health guidance. Staff spoke competently to the inspector regarding the local operating procedures and risk assessments that guided them in their daily responsibilities. The inspector saw that staff adhered to standard precautions on the day of inspection and took transmission based precautions when required.

There was a high level of compliance with mandatory training in the centre. All staff were up-to-date with their training in Infection prevention and control and food safety.

Staff had also received additional in-person training where required to support the health needs of residents. For example, staff had completed three supervised practical administrations of a pen-device required for insulin delivery. A record of this training was maintained in the centre and was made available for the inspector to review. The inspector saw that this training included an assessment of staff adherence to standard precautions and assessed the staff communication with the resident to ensure that their consent was obtained. The training also covered the safe disposal of the needle after administration.

Overall, it was evident that the provider had the capacity and capability to ensure that there was adequate oversight of IPC risks in this designated centre and that care was being provided by a team of suitably skilled and knowledgeable staff.

Quality and safety

The inspector found that residents in this centre were in receipt of a service which

was safe and person-centred. Residents were supported to understand IPC and the policies and procedures in place in their home. Residents were encouraged to develop autonomy for their care and the inspector saw that care practices were delivered in line with residents' rights and wishes.

A review of residents' meeting minutes found that residents were regularly provided with information relating to IPC and public health guidance. Residents had been informed regarding the recent changes to guidance on mask wearing for staff in their home. Staff supported residents to continue to take measures to protect themselves from contracting an infection by encouraging residents to sanitise their hands.

The inspector saw that residents were put at the centre of the service in Marley Court. They were consulted with regarding important information relating to the centre and their wishes and consent were a key feature of their care plans. For example, the inspector saw that the annual review of the quality and safety of care in Marley Court was discussed at the most recent residents' meeting. Residents were supported to understand what the annual review had set out and what the plans were for the centre going forward.

Care plans emphasised the importance of ensuring that consent was sought before care was delivered and that residents' wishes were respected in this regard. There were also procedures in place to support residents to develop autonomy and independence in their care in line with their needs. For example, a visual schedule to support a good dental hygiene routine was displayed in one resident's bathroom.

The designated centre was seen to be very clean and tidy. The provider had undertaken significant premises works which have been outlined earlier in this report. The premises works were supporting effective IPC practices in line with national standards and public health guidance.

Detailed cleaning schedules were maintained which showed that cleaning was regularly completed. Staff were knowledgeable regarding the local operating procedures to ensure that kitchen, bathrooms, bedrooms and furniture were cleaned effectively and in a manner that reduced the potential for transmission of infection.

There were appropriate laundry procedures in place. Staff were informed of the local operating procedures and the IPC policy guidance to be followed when there was soiled linen or laundry. There were also procedures to ensure that the washing machine was cleaned regularly. A water flushing schedule had been implemented to reduce the risk of contamination by Legionella bacteria.

Equipment required for use by residents in line with their assessed needs was seen to be clean and maintained in a manner that reduced the risk of residents contracting a healthcare associated infection. There was an up-to-date and detailed risk assessment for the cleaning, disinfecting and maintenance of equipment such as nebulisers, glucometers and sharps. Staff were well-informed and knowledgeable regarding these risk assessments.

Outbreaks of infection in the centre were identified, managed and documented in a

timely and effective manner. Staff spoke about a recent case of COVID-19 which was managed effectively and in line with their outbreak management plan, individual isolation plans, IPC policy and public health guidance. The timely response ensured that the infection was not transmitted to other residents or staff. The inspector also saw that where there had previously been more significant outbreaks of infection, that these were reported to the IPC lead and that guidance was sought as required. An outbreak report had been completed subsequent to an outbreak of COVID-19 in 2022 and was available for the inspector to review.

Regulation 27: Protection against infection

The inspector found that the practices in the designated centre were in line with the National Standards for Infection prevention and control in community services (HIQA, 2018).

There were effective management arrangements in place which ensured oversight of IPC in the centre. There was a clear reporting structure for IPC risks. Staff were knowledgeable regarding the IPC reporting structure and of how to escalate risks.

There was effective communication between staff and the IPC lead in response to suspected cases of infection. This ensured that infections were identified and managed in a timely and effective manner.

Regular provider-led and local audits were completed which comprehensively identified risks. SMART action plans were derived from these in order to respond to risks.

There was documentation available to staff to guide them in managing IPC related risks. Documentation included an IPC policy, outbreak management plan, IPC preparedness plan, risk assessments and care plans. These had been recently updated and reflected public health guidance and the provider's own policies.

Staffing levels and skill mix were maintained at levels to safely meet the service's IPC needs.

Staff had received suitable training in IPC and were aware of their specific roles and responsibilities in this regard. Staff were well-informed and were knowledgeable about their IPC roles and responsibilities and about residents' health and care needs.

There was clear communication from senior management to staff in relation to IPC policy and public health guidance updates.

The centre was operating a person-centred service which was striving to support residents' autonomy in regard to managing their health. Residents were informed regarding IPC and the measures to protect themselves from transmission of

infection. IPC was discussed regularly at resident meetings and residents were provided with education and support to reduce the risk of contracting or transmitting an infection.

Care plans and risk assessments were in place with regard to residents' individual care needs. These were up-to-date and comprehensively detailed. Care plans detailed the specific IPC measures that staff should be aware of in order to prevent the transmission of infection.

The centre was seen to be very clean, tidy and well-maintained. Recent premises works were supporting effective IPC practices. There were appropriate procedures in place to ensure oversight of day to day IPC risks in the centre.

Any invasive equipment which was required for use by residents in regards of their health needs was seen to be clean and well-maintained. There were appropriate practices in place for the disposal of sharps and staff had received additional training in this area.

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