

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

Issued by the Chief Inspector

Name of designated centre:	Warrenhouse Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	31 May 2023
Centre ID:	OSV-0002338
Fieldwork ID:	MON-0039133

About the designated centre

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

Warrenhouse Residential is a designated centre operated by St Michael's House. It provides community residential services to five female residents with intellectual disabilities over the age of 18. The designated centre is a bungalow located in a suburban area in North County Dublin. The centre consists of five individual resident bedrooms, kitchen/dining room, a sitting room, an office, three bathrooms and a utility room. The centre is located close to amenities such as shops, cafes and 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.

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
Wednesday 31 May 2023	09:35hrs to 13:45hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection scheduled to monitor compliance with the national standards for infection prevention and control in community settings, and the associated regulation. The inspector had the opportunity to meet three of the residents on the day of inspection. Residents spoke to the inspector regarding their experiences of living in Warrenhouse Residential and of their knowledge of the infection prevention and control (IPC) practices and procedures in their home. The inspector used conversations with residents and staff, a review of the documentation and a walk around of the premises to inform judgments.

The centre was seen to be welcoming and well -maintained. The inspector saw, on arrival, that the front garden was filled with flowers and garden ornaments. A garden bench allowed residents to sit in and enjoy their garden. Residents and staff told the inspector that one resident in particular enjoyed sitting in the front garden and assisting the staff with the maintenance of the garden. The back garden was also seen to contain facilities for relaxation including a garden table and chairs. The inspector was told that residents had recently enjoyed a barbecue in the back garden.

The inspector was greeted at the front door by a staff member. The staff confirmed that there were no cases of transmissible infections in the centre. Two of the residents had left the centre to attend day service. One resident was in the process of getting ready to leave for the day. The other two residents had planned activities from their home for the day. These residents attended day service on a part-time basis and told the inspector that this was their choice.

One of the residents told the inspector that they were happy living in their home and that they generally got on well with the other residents. However, they said that they were eager to get their own quiet space in the back garden. This resident was being supported by staff, an independent advocate and other external support stakeholders around planning to meet this goal.

The resident also told the inspector that they were looking forward to getting their second sitting room back. The centre had been awaiting a shed to store personal protective equipment (PPE) and assistive equipment for some time. This PPE and equipment had been stored in the second sitting room on a temporary basis. The shed had been recently installed and the inspector was informed that staff were in the process of moving items out of the sitting room and into the shed so that the second sitting room would be accessible and available to residents.

A walk around of the designated centre was completed with the person in charge. The inspector saw that the house was very clean and well -maintained. A new kitchen had been fitted within recent years. The kitchen was clean and tidy. A hand -wash sink with disposable paper towels and a bin were located in the kitchen. There was also ready availability of hand hygiene facilities at key points throughout

the centre.

The residents' sitting room was homely and clean. Furniture and blinds were in good repair. The house was seen to be decorated with artwork and residents' photos. The inspector was told that one resident did not wish to have their photographs displayed in communal areas and their wish was respected.

Two of the residents chose to show the inspector their bedrooms. The inspector saw that the residents' bedrooms were decorated in line with their personal preferences. There were adequate storage facilities. Residents' bedrooms were decorated with their chosen photographs, concert tickets, ornaments and annual goals. These two resident bedrooms also had televisions and preferred activities for occupation and relaxation. For example, one resident had an armchair and table with craft materials set up on the table.

Residents in this house had access to a large accessible wet room and a shower room. There was an additional bathroom however, the bath and shower in this bathroom were inaccessible to residents. This was not impacting on the residents' access to hygiene facilities as residents reported they were happy with the two bathrooms available to them.

Throughout the day residents were seen relaxing and enjoying the facilities in their home. Residents watched TV, listened to the radio, completed jigsaws and prepared their own lunches and cups of tea and coffee. Residents told the inspector that they were happy living in their home and with the support they received from staff. Residents said that they had regular residents' meetings and keyworker meetings and used these to inform the day-to-day running of the centre.

Residents spoke about the impact of COVID-19 on their lives. They told the inspector that they were happy to return to day service and were pleased that masks were no longer required. One resident spoke about contracting COVID-19 previously and the arrangements that supported them to isolate in their bedroom. Residents described how they were now accessing a range of community activities which they had been unable to do in previous years due to COVID-19. In the upcoming weeks, residents in Warrenhouse Residential had plans to go to concerts, hotel breaks and festivals.

The inspector was told by staff that residents were supported to maintain their autonomy in managing their healthcare in line with their assessed needs. The inspector saw that one resident took responsibility for their own medications. Other residents travelled to and attended healthcare appointments independently. Residents also received support to attend appointments if they required it or wished to avail of additional support.

Overall, the inspector was assured, based on what was observed and what the residents told her, that the residents in this centre were in receipt of a quality service and that care was being provided in a clean and safe environment by well - trained and responsive staff. This was being effective in mitigating against the risk of residents contracting a healthcare -associated infection.

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.

There was a clear reporting structure in place in relation to the management of IPC risks. The provider had nominated a responsible person to have oversight of IPC. Staff were knowledgeable regarding the chain of command and of how to escalate risk to the infection control leads.

The provider had established a series of audits which were effective in identifying IPC related risks amongst other areas requiring improvement. The inspector saw that action plans were derived from these audits and that actions were addressed in a time manner.

The centre had a comprehensive risk register which had been recently reviewed and contained information on the risks in the centre, including the IPC risks. Risk assessments with comprehensive and proportionate control measures had been implemented to mitigate against risks.

At a local level, staff were guided in carrying out their roles and responsibilities through a suite of local operating procedures and cleaning schedules. Local operating procedures mitigated against several risks including Legionnaire's Disease and clinical waste management. Staff spoken with were informed regarding the local operating procedures and their duties in maintaining the centre in a clean manner.

There was a high level of compliance with mandatory training with all staff being up-to-date in IPC training. Staff spoken with were knowledgeable regarding hand hygiene, standard precautions and transmission-based precautions. Staff could describe where they would locate the outbreak management plan and the procedure to be followed in the event of a suspected transmissible infection. Staff reported that they were in receipt of regular supervision and that they felt well supported in their roles.

The centre was staffed by a team of social care workers who knew the residents well. The inspector saw that a planned and actual roster was maintained. Gaps in the roster were generally filled by the part-time, in-house staff who took on additional shifts where possible. This supported continuity of care for the residents.

Overall, the inspector was assured that the provider had implemented effective systems to ensure that there was oversight of IPC risks and that risks were

responded to in a timely and effective manner.

Quality and safety

The inspector found that residents in this centre were in receipt of care and support that was safe and person-centred. Residents were supported to understand IPC and were encouraged to maintain and develop autonomy for their care in line with their needs and wishes. Care in this centre was delivered in a manner that was in line with the national standards for infection prevention and control in community services.

It was clear, from talking to the residents, that they were well-informed regarding IPC and the IPC arrangements in their home. Residents described the measures that were taken during previous outbreaks of COVID-19 in their home. They understood the need to self-isolate in their bedrooms and reported that staff were caring and looked after them well when this had happened. Residents reported that staff brought their meals to them and checked on them regularly.

Residents reported that they had received the COVID-19 vaccination and subsequent booster vaccines. They told the inspector that they were happy that they could return to day service and community activities and they described the many community activities that they had planned for over the summer. Residents understood how to keep themselves safe from infection and staff described how they remind residents to maintain good hand hygiene if required.

Residents said that they have regular meetings and that they use these meetings to inform the day-to-day running of the centre. The inspector saw in the annual review that residents' families and representatives were complimentary of the care in the centre. The inspector also saw two compliments from family members in relation to the supportive staff team. There was one open complaint at the time of inspection which related to the storage of items in the second sitting room. This was in the process of being addressed and the items were due to be moved to a shed which had been recently been installed.

The premises was seen to be very well-maintained. All furniture and fixtures were clean. The house was warm, nicely decorated and homely. Previously identified issues with mould in the utility room had been addressed.

There was adequate provision of hand hygiene facilities throughout the centre. There were local operating procedures in place to guide staff in the management of laundry and linen. There were no known colonisations in the centre.

There was no sharps required in the centre. Clinical waste bins were in place for the disposal of medications only. Some residents in this centre required the use of assistive equipment such as rollators and wheelchairs. There were daily cleaning schedules to ensure this equipment was cleaned and the inspector saw that they

were regularly serviced and maintained.

Outbreaks of infectious diseases were identified, managed and responded to in a timely manner. There had been no outbreaks of transmissible infections in the centre in almost a year. The inspector saw that there was a comprehensive house IPC plan and an outbreak preparedness plan to guide staff should there be a suspected or confirmed outbreak of infection. Residents also had individual care plans to guide staff in how best to support them should they contract an infection.

Regulation 27: Protection against infection

The inspector found that 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 governance and management arrangements which ensured the sustainable delivery of safe and effective infection prevention and control practices. The provider had a comprehensive IPC policy and had identified an IPC lead who had overall responsibility for IPC stewardship in the service.

Local management arrangements were effective in ensuring that care was delivered in a safe manner that mitigated against the risk of residents contracting a healthcare-associated infection.

Regular provider-level and local audits were completed. These comprehensively identified risks. The inspector saw that actions were progressed across the audits.

Documentation was available at a local level to guide staff in managing centre specific IPC risks.

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

The centre was operating a person-centred service which was supportive of residents' autonomy in managing their healthcare needs. Residents were informed regarding the IPC arrangements in their home. Residents had received education and support relating to IPC.

Infection prevention and control was seen to be part of the routine delivery of care in the centre. Staff were trained and were knowledgeable regarding their responsibility in preventing transmission of infection.

The premises was clean and well-maintained. Care was being delivered in an environment that minimised the risk of residents contracting a healthcare-associated infection.

Mobility aids were kept clean and in a good state of repair.

There was comprehensive documentation to guide staff in managing an outbreak of infection. This documentation was in line with current public health guidance. Staff were informed regarding the outbreak management plans.

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