



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

Issued by the Chief Inspector

Name of designated centre:	A Middle Third
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	24 May 2023
Centre ID:	OSV-0002360
Fieldwork ID:	MON-0039044

About the designated centre

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

A Middle Third is a community based home operated by St. Michael's House. The centre provides residential services for five adults, both male and female, with an intellectual disability. It is situated on the north side of Dublin city close to all the amenities and facilities the city has to offer. The centre is close to public transport links which enable residents to access these amenities and neighbouring areas. The building is a single-storey, five bedroom home with a homely design and layout. Each resident has their own bedroom, one of which is en-suite. There are two shared bathrooms, one with a bath and shower and the other with a shower. The house is fitted with a ceiling hoist to meet residents' needs. The kitchen is accessible and residents are encouraged to get involved with the preparation of meals and snacks. There is a garden to the rear of the property with two sheds for storage. Staff encourage residents to be active members in their communities and to sustain good relationships with their family and friends. The staff team comprises a person in charge, staff nurses, social care staff, direct care support staff and a household staff. Staffing resources are arranged in the centre in line with residents' needs.

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 24 May 2023	09:30hrs to 16:15hrs	Jennifer Deasy	Lead
Wednesday 24 May 2023	09:30hrs to 16:15hrs	Kieran McCullagh	Support

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 inspectors had the opportunity to meet with most of the residents on the day of inspection.

Many of the residents had complex communication needs, inspectors used observations of interactions between residents and staff to form judgments on the quality of care in the centre. A review of the documentation along with conversations with key staff further informed judgments on how well the provider had implemented the national standards for infection prevention and control in community settings.

The inspectors saw, on arrival to the designated centre, that it was well-maintained both internally and externally. The inspectors were greeted by staff on duty who advised that there were no known transmissible infections in the centre on the day of inspection.

An initial walk around of the centre was completed with staff. The inspectors saw that significant refurbishment works to the premises had taken place since the last inspection. The provider had recently fitted a new kitchen. This was supporting good infection prevention and control practices in this area. The kitchen had a dedicated hand wash sink as well as a food preparation sink. The kitchen was clean and well-maintained however inspectors saw that the inside of the fridge required enhanced cleaning.

The bathrooms in the designated centre had undergone refurbishment. An en-suite used by one resident had been fitted with new PVC walls and ceiling. This was effective in preventing the build-up of mould and mildew which had been previously identified as an IPC risk. The main bathroom was also very well-maintained. New flooring had been fitted along with a new Jacuzzi bath. The bathrooms were clean and tidy and had provision for the safe storage of personal protective equipment (PPE) required for personal care.

Residents' bedrooms were seen to be clean, nicely decorated and personalised. Each bedroom had access to a sink with disposable hand towels, soap and pedal bins. One bedroom sink had been decommissioned in line with a resident's behaviour support plan. Wall-mounted hand sanitiser was available at regular intervals throughout the designated centre, including outside resident bedrooms. This was effective in supporting good hand hygiene practices among staff.

The furnishings in the centre were seen to be clean and well-maintained. Couches and kitchen chairs were wipeable which supported good hygiene and cleanliness

standards in the centre. The sensory room was clean and was furnished with sensory lights, toys and a bean bag. Curtains and blinds were seen to be clean also.

There was some painting required to walls in the centre and one part of the kitchen counter had been damaged. These issues were known to the provider and were on a schedule of works to be completed.

The centre had a utility room which was seen to require some enhancements. There were local operating procedures in place to prevent transmission of infection. For example, residents' clothes were laundered separately and the inspectors saw that alginate bags were available for when linen was soiled. However, there was some mould noticed on the wall beside the washing machine. Furthermore, some of the cleaning materials required to manage specific IPC risks in the centre were not available in the utility. Staff took measures to address this on the day of inspection.

PPE and cleaning equipment were stored neatly in a clean and dry shed in the back garden. The inspectors saw that there were colour-coded buckets, mops and mop heads also stored in a shed. Clean and dirty mops were stored and washed separately.

All of the residents were at day service when the inspectors arrived. Inspectors had the opportunity to meet with four of the residents in the afternoon. Inspectors saw that staff prepared food and drinks for the residents in line with their feeding, eating, drinking and swallowing care plans. Inspectors saw that residents were supported with their meals and drinks in a manner that supported their dignity and autonomy. Residents appeared relaxed and comfortable in their home.

The inspectors were told that two of the residents were going to a local café later that afternoon. Another resident planned to have a bath and a head massage. Inspectors saw that staff were responsive to residents' communication. Staff were seen to gently hold residents' hands when residents extended them towards staff, this was one manner in which staff acknowledged and responded to residents' non-verbal and verbal communications and was observed to be kind and respectful.

Overall, the inspectors saw that residents were provided with care and support by a familiar staff team. This care was delivered in a premises which was clean and mostly well-maintained. There were some areas for improvement identified including, for example, ensuring that required cleaning supplies were readily available and updating care plans and outbreak management plans to ensure that they were consistent and in line with current public health advice. These issues will be discussed further in the next two sections 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 inspectors found that the provider had implemented structures that supported them in having oversight of the designated centre and of the IPC risks. However, due to recruitment difficulties, there had been a number of changes to the local management arrangements in the centre in the months leading up to this inspection. This had resulted in some gaps in the day-to-day oversight of local IPC risks, it was noted such gaps did not present as an immediate risk to residents and staff took steps to address a number of them on the day of inspection when they were brought to their attention by inspectors.

The provider had commissioned an IPC audit of the centre in September 2022. This audit identified a number of actions to be taken to address risks in the centre. The inspectors saw that these actions had been completed and that IPC risks, as identified on the audit, had been satisfactorily addressed. In particular, the provider had significantly enhanced the physical premises of the building and had filled several vacancies in the staff team, including a housekeeper vacancy.

There was a clear reporting structure in place for 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 risk to the infection control leads. The inspectors were informed that one staff on the team had recently completed additional specialist IPC training and was in the process of further enhancing the centre's local operating procedures.

A monthly infection control checklist had been introduced to the person in charge's monthly data report. This checklist highlighted IPC risks and the actions required to address them. For example, the inspector saw that it was highlighted on the audit in May 2023 that three staff required IPC training.

There had been changes to the local oversight arrangements in the months leading up to the inspection. In particular, there had been a number of changes to the person in charge role. At the time of inspection, the person in charge role was being filled on an interim basis by a person in charge who also had oversight of an additional centre.

While the inspectors were assured that this person in charge was suitably qualified and experienced, and had structures in place to support them in their role, the changes to the PIC role had resulted in some gaps in oversight. For example, staff supervisions had not taken place for several months. This had contributed to some staff being overdue their IPC refresher training. However, since the instating of the current person in charge, this had been addressed and staff were in the process of updating their training at the time of inspection.

Some local operating procedures and outbreak management plans required updating. For example, the centre's outbreak management plan had been last updated in December 2022. The inspectors reviewed this plan and found that additional information was required in order to guide staff in consistently and comprehensively managing outbreaks of infection. The outbreak management plan

was insufficiently detailed regarding the bathroom and nutrition arrangements to be implemented during an outbreak of infection.

Some residents' care plans also contained outdated information. For example, individual care plans for supporting family visits detailed that visits should be suspended when there was a known case of COVID-19 in the centre. This guidance had since been revised by public health.

A review was required of the local operating procedures for the management of centre-specific IPC risks. There were known risks in the areas of laundry management and bodily fluids. However, the local operating procedures to guide staff in these areas were insufficiently detailed or absent. This resulted in inconsistencies in staff knowledge regarding how best to manage these risks.

Staff spoken with were knowledgeable regarding effective hand hygiene measures, standard precautions and aseptic procedures. However, staff described inconsistent practices in some areas which posed risks of transmission of infection. For example, staff were inconsistent on the procedures for using alginate bags and for managing body spill incidents.

Additionally, one resident in the centre was known to have difficulties with restricting their movements. The centre's outbreak management plan and this resident's isolation plan contained conflicting information on the measures to be followed should they contract an infection. It was therefore not clear how staff should best support this resident to prevent a spread of infection and to protect other residents from contracting an infection.

Overall, the inspectors found that the provider had taken action to enhance their oversight of the designated centre and of the IPC risks. The provider had completed premises works and had enhanced the staff team.

The changes to the person in charge role had resulted in some gaps in the day-to-day oversight of the designated centre. Inspectors saw that staff were working to enhance the local operating procedures to ensure that risks were managed however, improvements were required to ensure that local operating procedures were sufficiently detailed and were consistent.

Quality and safety

The inspectors found that residents in this centre were living in a home that was clean and was generally facilitative of effective IPC practices. The provider had taken measures to address previously identified premises issues which were impacting on IPC arrangements in the centre. Areas for improvement were identified in the provision of information to residents in a format that best met their assessed

needs and in the guidance available to staff to support them in managing an outbreak of infection.

The inspectors saw that IPC was part of the routine delivery of care in the centre. There were ample hand hygiene facilities observed throughout the centre including wall-mounted hand sanitiser and sinks with hot water, soap and disposable paper towels. Pedal bins were working and had disposable bin liners.

There were effective IPC practices in relation to the routine cleaning of the centre. Mops, buckets and cleaning cloths were colour-coded and were washed and stored appropriately. The premises had undergone refurbishment and was seen to be clean and generally well-maintained. Only the fridge was seen to require enhanced cleaning. Some walls required painting and a small section of the kitchen counter was damaged. These issues had been reported to the provider's maintenance department. Staff were aware of their roles and responsibilities in maintaining the centre in a manner that best reduced the potential for transmission of infection.

There were no known colonisations in the centre at the time of inspection. Inspectors reviewed a sample of resident files and saw that hospital passports were available. These detailed important information to be communicated to hospital staff should a resident require admission to hospital. A number of residents required support in areas that posed a risk of transmission of infection. Some residents required procedures to be carried out in an aseptic manner. Residents' care plans clearly detailed the steps to be followed to prevent transmission of infection during these procedures. Inspectors spoke to staff and found that they were knowledgeable regarding aseptic techniques.

Inspectors noted some of the residents' care plans detailed they required specific support to understand and consent to specific procedures, such as collecting specimens for analysis. In addition, a number of those residents had complex communication needs. Their care plans detailed that they required visualised information to support their understanding. These visuals were not available in the centre on the day of inspection, with some of the visuals stored on an electronic shared drive and could be printed but others could not be located. Without the required supports as detailed in care plans, it was unclear how residents were supported to make informed, shared decisions about their care and that their consent was obtained. This required improvement to ensure residents were being provided with appropriate information and involved in decisions about their care to prevent, control and manage healthcare associated infections and antimicrobial resistance.

Equipment required for use by residents was seen to be clean and well-maintained. There were facilities in place for the disposal of clinical waste. Cleaning protocols detailed how reusable equipment should be maintained. The disinfectant required to clean reusable equipment, as per the local operating procedure, was not available in the centre on the day of inspection however staff purchased this on the day.

While there were adequate facilities and procedures for the management of laundry, the inspectors found that there were some inconsistencies in staff knowledge of

these procedures. Staff described inconsistent procedures for using alginate bags, some of these procedures were not in line with best practice or the provider's policy. Additionally, the provider's policy set out that biological washing detergent should be used to manage soiled laundry. Staff were not informed regarding this and there was no biological detergent in the utility. Staff took measures to address this on the day of inspection.

As discussed in the capacity and capability section of the report, there was an outbreak management plan in place however it required review to ensure that it was sufficiently detailed to guide staff in the event of an outbreak of infection. There was conflicting information contained in the outbreak management plan when compared to a resident's care plan regarding how to support a resident who had difficulties with restricting their movements during an outbreak.

Regulation 27: Protection against infection

The inspectors saw that the provider had taken measures to address the IPC risks that had been identified on the last inspection of the designated centre. There were, however, some areas identified that required review to ensure that the centre was operating wholly in line with the national standards. These areas included:

- further oversight of the cleaning schedules was required as it was not evidenced that all tasks were being completed. For example, the cleaning schedule detailed that the fridge should be cleaned regularly however there was a build up residue at the bottom of the fridge seen on the day of inspection
- the centre's outbreak management plan required enhancement to ensure that staff were adequately informed on the procedures to be followed in the event of an outbreak of a transmissible infection.
- one resident in the centre was known to find it difficult to restrict their movements during an outbreak of infection. The guidance in the resident's individual COVID-19 plan conflicted with the guidance in the centre's outbreak management plan in this regard. It was not immediately clear which procedures were to be followed should this resident be diagnosed with a transmissible infection.
- some residents' care plans detailed outdated information. For example, they discussed ceasing family visits during outbreaks of infection.
- there were some inconsistencies noted in staff knowledge of the management of specific IPC risks which were known to occur in the centre. These included the management of soiled linen and of cleaning bodily fluids such as vomit.
- there was an absence of local operating procedures to guide staff in managing centre specific risks such as the management of vomit.
- biological washing detergent tablets were not available in the utility. Staff were inconsistent in their knowledge regarding which laundry detergent should be used when there was incidence of soiled laundry. While there was

a spills kit and local operating procedure available in the laundry room, this did not include information on detergents. Biological detergent was acquired by staff and placed in the laundry room before the end of the day

- some mould was seen on the wall of the utility room beside the door.
- some walls required painting in the centre and a small section of the kitchen counter required repair.
- A number of residents in the centre had complex communication needs. Their care plans detailed that they required visualised information to support their understanding. These visuals were not available in the centre on the day of inspection. Some of these visuals were stored on a shared drive and could be printed but others could not be located
- Without the required supports as detailed in care plans, it was unclear how residents were supported to make informed, shared decisions about their care and that their consent was obtained. This required improvement to ensure residents were being provided with appropriate information and involved in decisions about their care to prevent, control and manage healthcare associated infections and antimicrobial resistance

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 A Middle Third OSV-0002360

Inspection ID: MON-0039044

Date of inspection: 24/05/2023

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:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • The PIC will review the cleaning schedules with identification of Cleaning of Kitchen appliances on the night time cleaning schedule- Completed: 30/5/2023 • The Person in Charge will review and update the outbreak management plan to reflect unit specific requirements and reflective of residents support needs and communication defecits. Completed: 20/6/2023 • The Person in Charge has update all IPC support documents which now reflect information specific to 2023. Completed: 20/6/2023 • The Person in Charge will clarify the IPC policy with all staff at Staff meeting scheduled on15/8/2023 • The IPC lead has provided further individual supports with all staff when on shift- Completd by: 30/6/2023. • Guidance regarding management of spillages or soiled linen is now clearly displayed in the laundry room 30/5/2023 • Mould treatment completed by Maintenance in Laundry room 30/5/2023..... Cleaning of this area identified on the daily cleaning roster due to the proximity to Dryer and resultant moisture build up- 30/5/2023 • Durable wall covering applied to the corner areas of the kitchen half door access 26/6/2023... • The Person in Charge has provided a stock of social stories which will be held in residents folders. This is to enable social stories to be regularly replaced during an outbreak. Completed- 30/5/2023 • The Person in Charge will update support plans to reflect IPC outbreak management startegies. Completed- 20/6/2023 • The Person in Charge has sent a referral to Speech and Language to establish fully, specific communication supports for one resident 20/6/2023 • The person in charge has reviewed the resident’s documentation to include how staff 	

can identify someone's will and preference relating to isolation/ reverse isolation arrangements. Completed 30/6/2023

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	15/08/2023