



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

Issued by the Chief Inspector

Name of designated centre:	Fox's Lane Residential
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	05 July 2022
Centre ID:	OSV-0002366
Fieldwork ID:	MON-0035579

About the designated centre

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

Fox's Lane Residential is designated centre operated by St. Michael's House. This designated centre is a community based home which provides full-time residential care and support for up to five adults both male and female with varying degrees of intellectual and physical disabilities. The centre consists of a six-bedroom bungalow with two sitting rooms, a kitchen/dining area, shower room and two bathrooms. It is situated in a mature residential cúl-de-sac with coastal views and a variety of local amenities such as shops, churches, restaurants, pubs, beauticians, a medical centre, pharmacies, hairdressers, barbers, banks and local beaches. There is a vehicle to enable residents to access local amenities and leisure facilities in the surrounding areas. Residents in the centre are supported by a staff team comprising of a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 5 July 2022	10:00hrs to 14:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was carried out to monitor compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).

Fox's Lane comprises of a detached bungalow, located in a suburb in North County Dublin. There is a parking area to the front of the property and accessible ramps leading to the front door of the property.

On arrival, the inspector was met by a staff member who carried out a symptom check with the inspector. In addition, the staff member made the inspector aware of the location of the hand washing sink in the centre if they wished to use it before commencing the inspection. Staff were observed to wear face coverings during the course of the inspection and a good supply of personal protective equipment (PPE) was available in the centre with systems in place to replenish stock as required. Alcohol hand gel was made available at key areas within the house.

The centre provides residents with a well-proportioned kitchen/dining area and two spacious living room spaces in the property. Residents' bedrooms were observed to be individually decorated with due regard of residents' hobbies, interests and preferences. For example, one bedroom was decorated with photographs and clippings of a resident's favourite singer and fitted with shelves that contained their favourite books. Another resident's bedrooms contained aromatherapy diffusers and salt lamps to create a relaxing ambiance.

The centre also consists of two separate bathing/toilet facilities, a staff office space and an enclosed garden area to the rear. Laundry facilities are provided in a large built shed located in the rear garden area. The shed area was observed to be of sound structure, large, well maintained and clean. The space comprised of a washing machine, dryer, sink, storage cupboards and a shelf area for folding clean laundry. There are appropriate waste disposal arrangements in place for the centre and waste disposal receptacles are stored to the rear of the property.

Throughout the centre was observed to be visibly clean and well maintained for the most part. Each room observed had a good standard of cleanliness.

Residents were supported by a team of social care workers who were managed by the person in charge. There were arrangements in place to ensure that staff followed current public health measures in relation to long-term residential care facilities. For example, there was information and facilities available to promote good hand hygiene and appropriate use of personal protective equipment (PPE). Staff were observed wearing face coverings during the course of the inspection and a good supply of PPE was available in the centre, including enhanced PPE stock for staff to use in the event of an infectious outbreak in the centre.

One resident was present on the day of inspection. Other residents were out on activities with their day service, with one resident on a foreign holiday with their family at the time of inspection.

The inspector met the resident present in the centre on the day of inspection. The resident was observed spending time watching their electronic device at the kitchen table. The inspector greeted the resident and introduced themselves. The resident acknowledged the inspector and then returned to watching their electronic device.

The resident was unable to provide feedback about the service they received or provide information about infection control and prevention supports. Therefore, the inspector carried out observations of the home and reviewed information sharing strategies, implemented by the person in charge and staff, to enhance residents' knowledge and understanding of infection prevention and control.

Overall, it was demonstrated there were effective measures put in place in the centre to protect residents against infection control risks and potential acquired infections.

For example, easy read information guidance and consent forms had been used to support residents to understand the importance of vaccination against COVID-19. Residents had also been provided with social stories and step-by-step information to understand the vaccination procedures. The inspector observed in a number of instances where residents had signed their own easy read consent forms for vaccination, demonstrating their involvement in the decision making process.

The inspector found that residents were facilitated to receive visitors in line with prevailing national guidance. There were no restrictions in relation to visitors at the time of inspection.

Residents had busy and interesting lives and were supported to engage in meaningful activities each day. Residents had the opportunity to maintain relationships with their families and friends and were supported to visit their families on a regular basis. As discussed, one resident was on a foreign holiday with their family at the time of inspection, while other residents were supported to go for visits to their families at weekends and overnight as they wished. It was demonstrated there was a good balance in the management of infection control risks and residents' rights to engage in community based activities and positive risk taking.

For example, some residents enjoyed taking responsibility for managing the household waste, for example, putting out the refuse bins for collection. The resident understood the importance of good hand hygiene and wore gloves when doing the chore and engaged in hand hygiene afterwards. It was demonstrated the resident had good independence skills in this regard would take the initiative to replenish hand soap if they noticed this was required. The inspector also observed the presence of a designated hand washing sink in the kitchen area of the centre which further enhanced the promotion of hand hygiene in the centre.

Overall, it was demonstrated that there were good infection control standards and precautions implemented in this centre. Residents were supported to have full and

interesting lives with opportunities to participate in positive risk taking.

Staff working in the centre demonstrated a good understanding of the importance of implementing cleaning schedules to promote good infection control standards in the centre. The centre was well maintained and clean. Enhanced infection control guidance and local procedures were contributing to good infection standards in the centre. Residents had been provided with information on vaccinations and the importance of hand hygiene through various communication systems.

However, some improvements were required to ensure the most optimum infection control standards in the centre.

Staff had not received training in standard precautions to ensure they fully understood the strategies they were implementing and how to apply them to any future presenting infection control risk in the centre, for example. There were also some minor premises improvements required and enhancement of the centre's infection outbreak plan to ensure it incorporated staffing contingency arrangements.

The following 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 provider's governance and management arrangements were ensuring infection prevention and control measures were consistently and effectively monitored. There were auditing systems in place to ensure that care and support practices were consistent with the National Standards.

The provider had updated and revised their infection control policy and developed a wide range of supplementary guidance in key standard precaution areas. These had informed effective local procedures that were overseen by the person in charge.

Staff had access to training in a number of areas related to infection control, for example, hand hygiene, COVID-19 and appropriate wearing of personal protective equipment (PPE). However, staff had not received training in standard precautions to ensure they fully understood the strategies they were implementing and how to apply them to any future presenting infection control risk in the centre, for example

The person in charge had completed a self-assessment questionnaire, published by HIQA, which reviewed the centre's preparedness for an outbreak of COVID-19. Six-Monthly provider-led audits had reviewed the matters related to Regulation 27 and identified areas for improvement which had been addressed by the person in charge.

While this was evidence of ongoing review of Infection control risks in the centre,

some further enhancements were required. An environmental hygiene audit, completed in September 2019, had found a number of areas that required improvement, these had been addressed since that time, but no further such audit or focused infection prevention and control audit, had been carried out in the centre since that time and despite the onset of COVID-19 pandemic. This required improvement to ensure the provider was comprehensively assuring the quality of infection control standards in the centre.

There was a clear governance and management structure that outlined lines of accountability in relation to infection prevention and control (IPC). The person in charge performed the role of IPC lead representative for the designated centre. In the event of the person in charge being absent, the shift leader took responsibility of the IPC arrangements. Staff had access to specialist advice and information from a person with expert knowledge in relation to IPC within the organisation. An on-call management system was in place for staff to contact outside of regular working hours.

There was a well-established staff team in the centre. The centre was operating with a full staffing complement as per the statement of purpose. The inspector reviewed the roster and saw that staffing levels were maintained within the whole-time-equivalent staffing numbers as set out in the centre's statement of purpose. Staff informed the inspector that they used shift handovers to keep each other up-to-date on the status of residents in the event of suspected or confirmed COVID-19 in the centre.

Risks in relation to COVID-19 had been identified and assessed. There were suitable control measures in place for these IPC risks, and there was sufficient staff available to meet the needs of residents and to safely provide care and support. Other infection control risks relating to laundry, management of incontinence waste and wound care were also well managed through local procedures. Some further improvement was required to ensure a corresponding risk assessment was in place for those IPC risks that were outside the context of COVID-19.

There were clear contingency plans in place to guide and direct staff of the procedures to be implemented in the event of an infectious outbreak in the centre. On discussion with staff it was evident that they were knowledgeable of whom to contact and how to respond in the event of a staff member becoming unwell during a working shift, for example. Some further enhancements were required to ensure the contingency plan clearly documented this and to clearly outline how staffing contingencies were managed in the event of an infectious outbreak.

Quality and safety

The inspector found that the services provided in this centre were person-centred in nature and that residents were well informed, involved and supported in the

prevention and control of healthcare-associated infections in their home.

Residents had been supported to understand why infection prevention and control precautions were taken and supported to avail of the National vaccine programme. Residents were provided with appropriate healthcare services in line with their assessed needs and there was clear documented evidence of healthcare personal planning and allied professional and medical reviews occurring regularly.

A walk through of the house was completed by the inspector. Overall, the inspector observed the house to be clean throughout and well maintained for the most part. Staff were observed to implement cleaning duties in line with the cleaning regime for the house and implementing the local colour coded cleaning framework which formed part of standard precaution management for preventing cross-contamination. This was implemented through the assigning of colour coded cloths and mops for cleaning specific areas.

Some areas of the centre required minor improvements to ensure they were maintained in the most optimum condition to promote good overall hygiene and cleanliness. Overall, the centre was well maintained with good cleaning and disinfection systems in place.

The person in charge had created a comprehensive cleaning regime for the house whereby a cleaning schedule and arrangement was in place for each room of the centre and outlined the corresponding colour coded cleaning equipment and appropriate cleaning and disinfection agents to be used.

Staff spoken with were very knowledgeable of these cleaning procedures and were able to direct the inspector to all documented and maintained procedures for laundry management, cleaning regimens and resident personal planning applicable to infection prevention and control.

Staff were also clear regarding how spills of blood or body-fluids were to be managed, and there were suitable facilities and equipment available.

There was minimal equipment used in the centre, in line with residents' assessed needs. A review of resident personal use equipment, such as CPAP masks and tubing, battery operated thermometers, water proof mattresses and bed bumpers, found they were clean and in a good state of repair. Staff were clear as to how these pieces of equipment should be cleaned and decontaminated if required.

The inspector found that the services provided in this centre were person-centred in nature and that residents were well informed, involved and supported in the prevention and control of healthcare-associated infections in their home.

The inspector reviewed matters relating to colonisation statuses for residents. It was not demonstrated that such a status was maintained in residents' personal planning or formed part of admission, discharge or transfer planning.

Residents had been supported to understand why infection prevention and control precautions were taken and supported to avail of the National vaccine programme.

Social stories and pictures were used to support residents in increasing their knowledge and understanding of infection prevention and control and to provide them with information for the purpose of making an informed decision around vaccinations.

Waste was managed appropriately in the centre. There were suitable waste receptacle provisions in the centre, with provisions for recycling, food waste and general waste provided for. Staff were able to describe how incontinence waste was managed in a manner that prevented the risk of cross-contamination describing the use of PPE and hand washing procedures implemented afterwards.

There were good infection control systems in place laundry management systems which helped to mitigate the risk of cross contamination. The utility space was kept clean and tidy. Residents clothes were laundered separately on specific days to eliminate the risk of contamination. Staff explained how each resident had their own laundry basket and how these were cleaned regularly as part of the overall IPC laundry management procedures in the centre.

A cleaning cycle was in place for the washing machine. Incidents of soiled linen or clothes were infrequent but when they did occur there were provisions for the use of alginate bags and documented procedural guidelines to inform staff of the correct temperature for washing garments.

Regulation 27: Protection against infection

The inspector found that the governance and management arrangements facilitated effective infection prevention and control practices with some minor improvements required to promote and enhance measures in place.

The provider had revised and updated their infection control policy and created a wide suite of supplementary guidance in areas related to standard precautions.

Localised procedures were reflective of the provider's infection control policy and procedures and staff spoken with were knowledgeable of local standard precaution practices and procedures required to protect residents from the risk of infection.

Residents had access to timely, relevant, and accessible information with additional support and information provided, in an accessible format, to promote their knowledge and understanding of infection control and to make informed decisions in relation to vaccinations.

The premises were clean, tidy, and well maintained. There were effective cleaning arrangements in place for facilities and equipment.

There were some improvements required to ensure the most optimum infection prevention and control standards in the centre.

- Staff had not received training in standard precautions to ensure they fully understood the strategies they were implementing and how to apply them to any future presenting infection control risk in the centre, for example.
- While Regulation 27: Protection against Infection, was reviewed during the provider's six-monthly provider-led audits, these were mostly focused on COVID-19. It was not demonstrated that a focused infection control audit had taken place in the centre which could provide assurances to the provider that the centre was adhering to good infection control practices, in the wider context of COVID-19.
- While comprehensive risk assessments were in place for COVID-19, improvement was required to ensure a corresponding risk assessment was in place for other infection control risks, managed in the centre.
- The centre's infectious outbreak plan did not document staffing contingency measures and planning.
- Residents' personal planning and discharge/admission and transfer arrangements did not include a section to document resident colonisation status, should this information be relevant.

Some areas of the home required improvement:

- An air vent in the living room was observed to be dusty and require cleaning.
- The seal at one end of the bath was broken and therefore could not prevent the entrance of moisture to prevent the build up of grime/mould.
- There was observable rust on hand rails in a toilet.

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 Fox's Lane Residential OSV-0002366

Inspection ID: MON-0035579

Date of inspection: 05/07/2022

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"> • Training on Standardised Transmission Based Precautions have been developed and will be available for staff by 30/9/2022 • Planned onsite Focused Infection control Audit scheduled for 30/9/2022 • Review of all risk assessments regarding infection Prevention controls with further development of controls to reflect all aspects of IPC within the DC completed- 13/7/2022, same has now been reflected on an updated risk register.. • Infectious outbreak plan reviewed and now reflects an identified strategy to ensure appropriate staffing levels are sourced and maintained should any infectious outbreak occur. 13/7/2022 • All hospital passports have been updated and reflect information on Colonisation status of each resident -held in the medical history part of the passport and will be updated dependent on the Colonisation Status of each resident pre and post admission to Acute Health Care facilities • Multi Drug Resistant Organism policy updated July 2022 • An air vent in the living room cleaned on the 5/7/2022 • The seal at one end of the bath was broken. Addressed on the 25/7/2022 • Rust on hand rails in a toilet. Addressed on the 22/7/2022 	



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	30/09/2022