



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

Issued by the Chief Inspector

Name of designated centre:	Ferndale/Avondale
Name of provider:	St Michael's House
Address of centre:	Dublin 11
Type of inspection:	Unannounced
Date of inspection:	08 February 2023
Centre ID:	OSV-0003598
Fieldwork ID:	MON-0039160

About the designated centre

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

Ferndale is a designated centre operated by St Michael's House located in North County Dublin. It provides community residential care for up to seven adults with disabilities. The centre comprises two houses next door to each other. Both houses are two-storey and share a common driveway and back yard. The first house comprises five bedrooms, sitting room, kitchen/dining room, utility room with laundry facilities, sun room and shared bathrooms. The second house comprises four bedrooms, sitting room, utility room, a kitchen/dining room and shared bathrooms. The centre is staffed by 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:	7
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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 8 February 2023	12:50hrs to 17:10hrs	Louise Renwick	Lead

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection was to monitor compliance with Regulation 27: Protection against infection and the National Standards for infection prevention and control in community services (HIQA, 2018).

The inspector met all residents who lived in the designated centre at the time of the inspection and spoke with residents about the centre, their interests and hobbies and their daily routines.

On arrival to the designated centre, the inspector was encouraged to sign the visitors log and use the hand sanitiser available.

Residents told the inspector that they all took part in different chores or tasks in their home, for example, preparing food and cooking, cleaning and keeping things tidy. Staff also supported with the day-to-day cleaning and upkeep of the house and garden. There was a large white board in the kitchen area of one of the houses, showing which resident was doing different household tasks each day. For example, who was doing the extra cleaning of door handles or taking out bins.

Residents each had their own private bedrooms, that they decorated as they wished. Since the previous inspection, some residents' bedrooms had been upgraded to include an en-suite bathroom to support their intimate care needs and to offer more private and dignified supports.

It was seen that both the person in charge and the staff team had jovial and positive relationships with residents. Residents appeared to know each other well and were comfortable in each others' company.

Some residents told the inspector that they did their own laundry and looked after their own clothes. There was a washing machine and dryer available in each house of the designated centre in a separate room, which were seen to be clean internally and externally. Staff could explain how to safely manage soiled clothing or linen, should it occur and there was written guidance and equipment available to support best practice in relation to this, along with written individual plans.

The kitchen areas in both houses were clean and well laid out and had sufficient space for the hygienic storage of food. Fridge temperatures were regularly checked, and there were colour coded systems in place for food preparation. Bathrooms had hand soap and paper towels available and foot pedal bins.

In summary, residents were supported by a consistent staff team, who knew them well and supported them in a kind and person-centred manner. Residents had a comfortable home, liked where they lived and were being supported well with their individual care and support needs. The designated centre was very homely, it was visibly clean and tidy and in general was well-maintained. The provider and person

in charge had adopted the National Standards for infection prevention and control into their policies and daily practices and this was managing the risk of healthcare associated infections for residents.

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 in respect of infection prevention and control.

Capacity and capability

The provider demonstrated through their written policies, procedures, management structure and systems that they had the capacity and capability to protect residents from the risk of healthcare-associated infections. The provider was found to be compliant with Regulation 27: Protection from infection and with the National Standards for Infection Prevention and Control in community Settings 2018.

There were governance and management arrangements and escalation structures in place to ensure the provider was aware of any infection prevention and control issues within the designated centre.

Infection prevention and control arrangements were discussed regularly at staff team meetings, reviewed as part of stand-alone specific audits on regulation 27 as well as including regulation 27 in the six-monthly provider visits. Actions from audits and reviews were noted in governance reports and meetings, to ensure actions were being monitored and there was accountability for improvements to be made.

Locally, there were practices in place to ensure systems to demonstrate good IPC practices, such as daily cleaning records, were reviewed and signed daily by a lead staff to validate that they had been done, and corrective action taken to bring issues back to the team if there were gaps.

The provider had employed staff with specialist skills in infection prevention and control in their organisation, for example a clinical nurse specialist and there were pathways to seek advice or information from staff with these skills. There had been a very recent comprehensive audit in IPC in the days prior to the inspection, which picked up on a number of minor issues to be addressed.

The person in charge had identified two named infection prevention and control lead staff in the designated centre, whose role included monitoring of good infection prevention and control practices, and monitoring of any personal protective equipment in the designated centre.

There were arrangements in place for the management of known infection prevention and control risks in the designated centre through the provider's risk

management systems. Staff in the designated centre were aware of infection control risks, and in general there was low risk of acquiring a healthcare associated infection in this designated centre. Where any potential risks were identified, these were assessed and controlled through person-centred support plans

The provider demonstrated that they had appointed a sufficient number and skill-mix of staff to work in the designated centre, based on the infection prevention and control requirements along with the daily care and support duties of the staff team. In addition to their primary roles, the staff team were also responsible for the cleaning of the designated centre, however residents took responsibility for their own private areas and for some of general household chores also.

Overall the provider ensured there were effective governance and management structures and systems in place, along with adequate resources and clear lines of communication to promote best practice in relation to infection prevention and control, in order to protect residents from the risk of acquiring healthcare-associated infections.

Quality and safety

The provider demonstrated through their practices and care arrangements that they were implementing effective infection prevention and control arrangements in the designated centre in line with the National Standards.

Residents had access to healthcare services from the primary care team along with allied health and social care professionals employed by the provider. Residents had access to their General Practitioner (GP) and there was good communication between people responsible for providing healthcare to residents, through regular multidisciplinary team meetings and contact with key personnel.

Residents had detailed care and support plans in place, with clear guidance for staff on the management of health, social and personal needs. These plans included guidance in relation to infection prevention and control, and best practice to be followed. For example, supporting residents with personal care and the management of laundry in their bedroom.

Residents were encouraged to be involved in household chores and tasks, and supported to learn the skills to do this well and in line with good practice. There were colour coded cleaning systems in place to support residents and staff to carry out cleaning and cooking in a safe manner, and equipment available for decontaminating the premises and equipment.

There were schedules and arrangements in place for cleaning the centre. Colour coded clothes and mops were used as a measure against cross contamination, and there was guidance for staff on using the correct colours. Mops and handles were

stored appropriately and there were systems in place for their regular cleaning.

Residents had been supported to avail of vaccination programmes, if they wished to and had information available to them to inform their decisions.

Apart from previous incidents of COVID-19, there had been no outbreaks of any other health-care associated infections in the designated centre. The provider had policies and procedures in place for the contingencies in the event of a suspected or confirmed outbreak of COVID-19 or other infections in the designated centre, along with risk assessments and control plans for different risks. Residents had isolation plans to guide their supports should they need to isolate in order to prevent transmission of an infectious disease.

Regulation 27: Protection against infection

Overall, the provider, person in charge and staff team demonstrated good practice in relation to infection prevention and control, and were found to be compliant with regulation 27 infection control, and the National Standards. While some minor areas for improvement were identified, these had been self-identified through the provider's auditing system and action was being taken to address them.

The provider demonstrated that they were protecting residents from the risk of infection, through their governance and management structure and the care arrangements being delivered with the designated centre. There was clear roles and responsibilities in relation to infection prevention and control within the designated centre, and there were policies and procedures in place to guide staff practice.

The provider had hired competent staff who had access to a variety of different training in relation to infection prevention and control and there were escalation pathways in place to raise concerns or risks and to ensure during out-of-hours staff had appropriate support.

The premises and environment were clean and tidy, well kept and there were systems in place to raise issues with buildings or their facilities and to routinely clean and maintain premises and equipment.

There were oversight arrangements in place to ensure infection prevention and control was reviewed, monitored and improved upon, through both specific audits and as part of the provider's wider auditing systems.

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