



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

## Issued by the Chief Inspector

Name of designated centre:	The Laurels
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	16 August 2022
Centre ID:	OSV-0003602
Fieldwork ID:	MON-0035564

## About the designated centre

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

The Laurels is a designated centre operated by St Michael's House. The centre which provides a residential service to five adults. The service can accommodate both males and females who have a moderate to profound intellectual disability and who may also have some mental health needs. This is a nurse lead service which can support individuals who have high medical needs such as epilepsy, diabetes and who may also require assistance with catheter care and enteral feeding. Each resident has their own bedroom and there is a suitable equipment such as hoists and hi-low beds to support residents who have increased mobility needs. Residents are supported by a range of nurses, social care workers and health care assistants with their daily needs. Social care is promoted in the centre and residents are supported to attend the community on a regular basis and to choose meaningful goals.

**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
Tuesday 16 August 2022	10:25hrs to 15:15hrs	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 four of the five residents who lived in the designated centre. The inspector spoke briefly with some residents and observed interactions between residents and staff and the daily routine of the centre.

Residents spoke to the inspector about the things that they enjoyed doing in the centre, such as watching their favourite television shows and going out for coffee. Residents said it was a nice place and told the inspector that staff always wore a mask when they were working with them, to stop germs.

One resident was in day services at the time of the inspection, and four residents were at home. Previously, all residents would have attended day services outside of the designated centre. Staff supported residents to tell the inspector that this stopped when COVID-19 National restrictions began in 2020, and since then residents spent their day at home. Some residents were beginning to attend activities in an external day service for short periods of time in the week. For example, one hour a week, or one day a week. But for the most part, their day was spent at home in the designated centre.

During the day, the inspector saw kind and warm interactions between staff and residents, with staff giving residents options of going out later in the day, or if they wished to have food or drink. Staff demonstrated that they knew residents well, their likes and dislikes and daily routines that they preferred.

On arrival, the inspector observed signage about use of personal protective equipment (PPE) and COVID-19 at the front entrance and there was an adequate supply of face masks at the door along with hand sanitiser. A resident answered the door to the inspector, and called for staff support.

Residents were supported by a team of nurses and care assistants. Residents appeared comfortable and relaxed in the presence of staff. The inspector spoke with staff members who were on duty throughout the course of the inspection. The staff team were responsible for the day-to-day cleaning of the centre. Staff spoken with told the inspector about the cleaning and infection prevention and control arrangements in the centre. Staff were knowledgeable on aspects of infection prevention and control, however, it was found due to the needs of residents and the supports residents required, cleaning was often done during night duty, as staff were constantly engaged with residents' care needs.

During the day, it was evident that staff were kept busy supporting residents' health care needs, nursing needs and emotional support. Residents required nursing care

and regular monitoring and support with nutritional feeds. Some residents were unwell during the day and required additional support. Residents needed full support for manual handling tasks or personal care. There were times during the day, when some residents were unsupervised in the communal areas, as the staff on duty needed to support other residents in their bedrooms with care needs.

Staff told the inspector that they made efforts to arrange time outside of the designated centre during the day for residents. For example, during the inspection one resident went walking to a local coffee shop and another resident went out for a walk with staff locally which they really enjoyed. There was a drive to Howth planned for some residents that evening, and each resident was given a choice on if they wished to go or not, and their wishes were respected. Activities were planned for times when the staffing resources could support it, and not necessarily based on residents' daily plan.

The centre was a large single-storey home located in a busy suburb of Dublin. Each resident had their own private bedroom, some of which had been installed with ceiling tracking hoists to support residents' manual handling needs. Residents' bedrooms were decorated uniquely for each resident. There was a communal kitchen/dining area which had new flooring installed recently, a separate utility room, a living room, a sensory room, bathrooms, staff office, storage room, and a back garden. There was a sheltered gazebo area in the garden with sensory decorations, which staff told the inspector some residents really enjoyed spending time in. Residents' bedrooms were bright, comfortable, and decorated in accordance with their own tastes and preferences.

The centre in general had been nicely decorated and was found to be comfortable, however, some areas required improvements.

While there was a storage room at the back of the house, and storage locations throughout the building, the house was quite cluttered, for example, the sensory room had cardboard boxes, nutritional supplies and mobility aids stored in it. The storage room had items of personal protective equipment (PPE), medical supplies and other items stored on the ground which impacted on the ability to clean underneath them. There was a reliance on a lot of products and supplies to support residents' care in the designated centre.

The designated centre had adequate facilities for showering. In the bathrooms there was a hand-washing sink, hand soap and paper towel dispensers available. However, one shower room required upgrading and additional work to improve them further, for example, there were two cloth shower curtains being used, the shower rail was rusty, there were holes in bathroom tiling which impacts on the ability to correctly clean them. Improvements were also required in relation to storage in the bathroom, as towels, wipes, shoes, hairbrushes and basins used for personal care were stored on top of the shower trolley, which did not promote ease of cleaning or good infection control practices.

There was a separate room laundry and storage with a washing machine and dryer which appeared to be clean and in good condition. Mop handles were stored

inappropriately lying across the back of the sink, and different colour mop heads were drying together on the window sill. This required attention. Alginate bags were available in the centre and staff explained that manual sluicing was no longer being carried out. Staff could outline appropriate practices for the use of alginate bags and how to manage soiled laundry, should it occur.

Some care interventions required aseptic techniques, which were outlined in written care plans, for example, the changing of catheters. Staff had good knowledge of the infection prevention and control practices for different nursing tasks.

Staff spoken with also demonstrated good understanding of single use equipment, and systems for the use of sterile water for particular interventions. Staff could explain standard precautions (routine infection prevention and control practices and measures) as part of their routine delivery of care, for example, hand hygiene, waste management and the management of laundry.

While staff had good knowledge, the systems in place to monitor infection prevention and control practices were not robust. For example, cleaning charts and checklists to show that equipment had been cleaned or changed had multiple gaps, some months with only a few daily entries.

In speaking with staff, and observing the busy nature of the care and support needs of residents, it was evident that staff were striving to provide good care and support to residents. However, the resources in place did not support routine cleaning as part of the provider's general practices for infection prevention and control. The majority of the cleaning was completed at night-time as during the day staff were actively supporting residents.

Residents could visit family and friends, or have visitors to their home if this was their wish. There were guidelines in place for visitors to the designated centre.

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.

However, the resources that the provider had put in place did not promote effective routine infection control practices. The assurance systems in place to monitor infection control practices were not consistently in place, and escalation pathways and oversight mechanisms did not capture this effectively. Similarly, improvements were required to the premises and environment to promote better infection prevention and control practices.

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

Overall, the governance and management arrangements required some improvement to effectively protect residents from the risk of infection.

The provider had a suite of policies and procedures in relation to infection prevention and control, health and safety and COVID-19, some of which had been recently reviewed and updated to improve practice. For example, a policy on antimicrobial stewardship, the use of personal protective equipment and infection prevention and control.

The provider had ensured the national standards for infection prevention and control in community services (HIQA, 2018) where available for staff working in the designated centre along with latest guidance from public health.

The provider demonstrated that they took action to address areas of minor attention following an external inspection from a health body earlier in the year. For example, food in the fridge was labelled at date of opening, there were probe wipes in place for temperature probes and pest control systems in place. The provider had recently replaced the flooring in the kitchen area as this had been identified in a previous audit as not promoting ease of cleaning.

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 however, the provider had not utilised this resource effectively through their auditing and oversight systems. The last audit in relation to infection prevention and control was completed in February 2020. The six monthly visits completed on behalf of the provider did not effectively review regulation 27 or identify any issues or barriers to best practice.

The annual review completed for the year 2021, did outline that there would be a focus on de-cluttering the house, improving storage and a focus on environmental cleaning internally and externally. However, this was not led by findings of an audit or review and did not identify specific actions, people responsible and time frames for completion.

The assurance and checking systems that the provider had put in place to monitor infection prevention and control practices were not being consistently followed, and this had not been identified or escalated through the provider's pathways as requiring improvement. For example, cleaning checklists and checklists to replace nebuliser masks.

Monthly data reports were sent to the senior manager each month about the designated centre, however these did not identify risk or infection prevention and control issues.



Local auditing tools were not always completed as frequently as planned, for example, monthly health and safety checklists (which included aspects of infection prevention and control) had not been completed since April 2022.

The provider had not 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. There were two nurses and one care staff working in the centre each day, and an additional shift for the evenings from 4pm to 9pm. In addition to their primary roles, the staff team were responsible for the cleaning of the centre and for other tasks such as supporting residents with cooking meals and washing their clothes.

As seen on inspection, a number of residents required a high level of support for their health care and personal care needs. For example, some residents require two to one support, and others three to one support at certain times. To promote residents' safety, high staff supervision was required for times when certain residents were together.

As a result, cleaning was often completed at night-time shifts as staff were actively engaged in the care, support and supervision of residents during the day-time, which limited their ability to perform routine and enhanced cleaning.

The provider had made training available to staff to support their knowledge and practices in relation to infection prevention and control. However, a number of staff required refresher training in infection prevention and control and COVID-19. Staff were also awaiting training in the use of a respiratory device to support a resident.

The provider had out-of-hours and on-call arrangements in place, and staff were aware of who to contact after-hours in the event of a risk in relation to infection prevention and control.

Overall, while the provider had identified governance and management arrangements and systems in place, these required improvement to ensure they were being implemented in practice. Similarly, the provider had not ensured the resources in the designated centre were promoting good practice in infection, prevention and control.

## Quality and safety

While there were areas of good practice found in the local implementation of infection prevention and control (IPC) measures, improvements were required to ensure residents received care in a safe environment that minimised the risk of acquiring a healthcare-associated infection.

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. For residents who presented with a need for longer-term or repeated antibiotic treatment, there were care plans in place to support this and mitigate risk.

Residents had access to easy-to-read information on COVID-19, flu and on vaccination, testing and screening and consent was sought from residents and/or family representatives in relation to these choices.

Staff carried out daily handovers, to support the care needs of residents and promote consistency. These were detailed, and included aspects of infection prevention and control and monitoring of risks.

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. Care planning documentation also considered the holistic needs of residents, and barriers that were identified in relation to infection control practices. For example, care planning guiding practice for the cleaning of PEG sites and changing of catheters. Staff demonstrated good knowledge, based on clear protocols for routine care that had associated risks from an infection prevention and control perspective.

Some care and support plans required additional information to guide consistent IPC practices. For example, for residents who required intimate care in their bedrooms, there was limited guidance on how this would be carried out, what equipment was needed and how they would be de-contaminated following use. Basins used for personal care were seen to be stored in the bathroom on top of the shower trolley during the day.

Information was available in residents' files should they require a hospital admissions, to ensure pertinent information about residents' health needs and risks were identified. For example, regarding infection prevention and control risks, or communication needs.

In general the premises were nicely decorated, and well maintained. But improvements were required to de-clutter the house, and to improve on the daily cleaning of the premises and equipment and to improve the main shower room.

Staff described some of the cleaning arrangements in the centre, and spoke about the use of different cleaning products, use of personal protective equipment (PPE), and how soiled laundry and bodily fluid spills were managed. The procedure for managing soiled laundry had improved in the previous few months, and staff explained how to manage laundry correctly. There was a sluice available in the designated centre, but this was no longer in use and staff were using alginate bags to manage soiled laundry, which was in line with the provider's policy.

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. However, the storage of mop-heads and handles required improvement, as mentioned previously in the report. There were daily and night time cleaning schedules set out, however, large gaps in the recording of the cleaning tasks in both schedules were identified.

Residents required additional equipment and supplies, in line with their assessed needs. There was a lack of appropriate storage for the amount of stock and equipment in the designated centre which resulting in environment being cluttered, and items being stored in communal areas of the centre. The way in which items were stored, did not result in ease of cleaning. While there were systems in place to monitor cleaning of equipment, records did not demonstrate that equipment was cleaned after each use and records required significant improvement. For example, to demonstrate nebuliser masks were regularly changed, or to demonstrate cleaning of shower aids.

The main shower room required attention, regarding shower curtains and how these were washed and cleaned, the storage of items and cleaning of equipment such as shower trolleys and chairs.

Apart from previous incidents of COVID-19, there had been no other outbreak of any other health-care associated infections in the designated centre. A supply of antigen tests were available in the designated centre for any staff or resident who presented with symptoms of COVID-19. The provider had policies and procedures in place for the contingencies in the event of a suspected or confirmed outbreak of COVID-19 in the designated centre, along with risk assessments and control plans for different risks associated with COVID-19 for individual residents. 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, while the provider, person in charge and staff team demonstrated some areas of good practice in relation to infection prevention and control, the systems and resources in place for the protection against infection in the centre were not adequate and premises required improvement.

Practices were not consistent with national standards for infection, prevention and control in community services and regulation 27.

While the provider had employed staff with specific skills in infection prevention and control, specific audits in this location had not been completed to bring about improvement in infection prevention and control practices.

The staffing resources required improvement, to ensure staff had the time and ability to carry out routine cleaning tasks during the day, to a good standard,

without taking away from their responsibilities to support and supervise residents.

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

Cleaning regimes and assurances checklists required improvement, to demonstrate effective infection prevention and control practices.

The storage facilities in the premises required review to ensure they promoted ease of cleaning. For example, storage of items in communal spaces, storage of items on the floor and the storage of mop-heads and handles.

The main shower room required improvements in relation to cleanliness and storage and equipment. for example, the use of shower curtains, storage of items on shower trolleys and cracks in tiling.

Improvements were required to ensure all staff were provided with refresher training in infection, prevention and control and COVID-19.

Judgment: Not 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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Not compliant

# Compliance Plan for The Laurels OSV-0003602

Inspection ID: MON-0035564

Date of inspection: 16/08/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: Lack of Storage in The Laurels</p> <ul style="list-style-type: none"> <li>• The Service Manager and PIC reviewed the storage arrangements in The Laurels – ie- sensory room area, living room area and storage room area - While waiting for the storage units to be sourced de-cluttering has commenced to facilitate improved cleaning.</li> <li>• An onsite visit has been scheduled with the housing Association Manger to compile a Plan of works for the designated Centre.</li> <li>• All Mops have now been colour coded and stored and dried in the appropriate Manner. This was discussed at the staff meeting so all staff are aware.</li> </ul> <p>Governance and Management:</p> <p>The PIC has reviewed The Laurels IPC governance practices:</p> <p>A. IPC risk assessments in place have been reviewed and updated accordingly.            B. A log is in place for cleaning of the nebulizers, BP apparatus, pulse oximeter, wheelchairs, ceiling hoists, manual hoists, rollator, shower chair, basins, vital signs equipment for isolation and daily use.            C. The staff were informed of the outcome of Regulation 27: IPC inspection that was carried out on the 16th of August 2022 at the Staff meeting held on the 17/08/2022. Revised some of the IPC practices to enhance the IPC standard and practice such as day time cleaning and good record keeping. Minutes of Meeting in Situ in DC.            D. One staff nurse completed the IPC Practitioner course (course run from the 19-23 of September 2022); PIC has defined her role following the training . The IPC trained practitioner will be assisting the PIC with audits and in maintaining IPC standards and</p>	

practices of both The Laurels and The Maples.

E. The Health and Safety Checklists and Monthly IPC audit have been completed to date. Gaps in IPC practices are disseminated at handovers and staff briefing.

F. Training on IPC has been completed by all the staff in the Laurels except for 2 staff on long term sick leave and 1 staff on Maternity Leave.

G. The PIC and key workers reviewed the residents support plans. Information and guides relevant to each service users pertaining to IPC practices has been added;

H. The damaged shower curtain has been removed from the bathroom.

I. PIC coordinated with Nurse Practice Development Coordinator for the use of suction apparatus training and including IPC practices required to prevent infection.

J. Allocation of daily tasks such as cleaning and documenting , washing clothes on a daily basis commenced.

#### Staffing Resources:

An additional staff will commence on the 1st of October 2022 in the Laurels from 0900 to 1600 hours to help improve the cleaning standard in The Laurels and to continuously & consistently carry out routine cleaning tasks and maintain a good recording standard.



## 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.	Not Compliant	Orange	31/03/2023