



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

## Issued by the Chief Inspector

Name of designated centre:	Cill Caisce
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	05 August 2022
Centre ID:	OSV-0002355
Fieldwork ID:	MON-0037430

## About the designated centre

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

Cill Caisce is a designated centre operated by St Michael's House located in North County Dublin. The centre provides a residential service for up to five adults with intellectual disabilities, and can provide support to residents who have additional physical or sensory needs. The centre is a two storey house which comprises of five bedrooms, kitchen/dining room, living room, staff room and two shared bathrooms. The centre is staffed by a person in charge and a team of social care workers.

**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
Friday 5 August 2022	10:15hrs to 15:30hrs	Amy McGrath	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor and review the arrangements the provider had in place in relation to infection prevention and control (IPC). During the course of the inspection, the inspector met and spoke with residents and staff and had an opportunity to observe the everyday lives of residents in the centre.

The inspector was shown around the house by the person in charge and introduced to some of the residents and the staff. The inspector observed that the premises was spacious, clean and free from clutter. The house was also warm, bright, and provided a comfortable home for residents to live in. Each resident had their own bedroom. It had previously been identified that an additional accessible bathroom was required to adequately meet all residents' assessed needs. This action was subject to a restrictive condition applied when registration of the centre was last renewed. The inspector noted that reasonable progress had been made to meet the restrictive condition within the prescribed timeframe.

The inspector met and spoke with two residents over the course of the inspection and observed their daily interactions with staff and lived experience in the centre. Residents appeared happy and content living in Cill Caisce and staff were observed to be caring and professional in their interactions with the residents. One resident showed the inspector their bedroom, which was on the ground floor. This resident told the inspector they liked having a view of the garden, which was accessible through patio doors in the bedroom. The patio had raised beds with flowers and herbs that the resident tended to.

Another resident spoke briefly with the inspector before leaving to go to an appointment. They told the inspector they were going to go for lunch and a coffee while they were out. On return to the centre the resident showed the inspector their bedroom, which was located on the first floor. The room was bright and spacious and the resident shared that they picked the furniture and other decorative items. The resident smiled while showing the inspector pictures of their family and friends that were hung on the walls in their bedroom.

Residents spoken with were complementary of staff and told the inspector they enjoyed living in the centre.

There were no restrictions in place in relation to visitors at the time of inspection. Residents had space to receive visitors and there were arrangements in place to encourage visitors to take precautions to minimise infection control risks.

Residents were supported by a team of social care workers. Staff in the centre had the additional responsibility of housekeeping and environmental hygiene. The house was clean and tidy in all areas, although some areas of the premises required repair to ensure they could be cleaned effectively. Additionally, a resident's lap tray, which

they used for activities and dining, was worn at the sides with exposed, swollen wood.

Staff were observed to be following current public health measures in relation to long-term residential care facilities. For example, they sanitised their hands at regular intervals over the course of the inspection and all were observed to be wearing appropriate personal protective equipment (PPE).

Overall, the inspector found that residents were being kept safe from the risk of an outbreak of infection by the arrangements that had been put in place for infection prevention and control.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impacted on the achievement of a service that was in compliance with the national standards.

## Capacity and capability

The purpose of this inspection was to monitor compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). In general, the inspector found that the provider was demonstrating capacity and capability to provide care and support in a manner that reduced the risk of healthcare associated infections.

Policies and procedures had been developed and were reviewed at intervals to reflect emerging guidance or revised best practice. These included policies and procedures relating to personal protective equipment (PPE), hand hygiene, decontamination, laundry, and waste disposal. There was information available to staff to guide a rights based approach to some IPC matters and it was evident that this was informing practice.

Systems were in place to ensure that the service provided was regularly audited and reviewed. An annual review of the care and support provided had been completed, which included substantial consultation with residents and staff. The provider had ensured an unannounced visit to the centre was carried out every six months, following which a report on the quality and safety of the service was produced. It was noted that the report from the last visit included a review of IPC measures.

The provider had also ensured that practices which support good IPC, were subject to regular audit and review. 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. While the person in charge had access to specialist information and advice from an IPC specialist, it was found that an IPC audit (carried out by a competent person) had not been carried out in more than five years. While the other measures in place were overseeing practice, the addition of a

periodic audit by a competent person would better support informed risk management and response to emerging IPC risks.

The centre had a full-time person in charge who was the appointed IPC lead in the centre. The person in charge had received additional training to support the performance of this role. There was also a nominated IPC shift lead on each day who was responsible for the oversight of daily IPC risks and practices.

Residents were supported by a team of social care workers. A review of training records found that staff had been provided with training in the area of infection prevention and control, including areas such as standard and transmission based precautions, hand hygiene, and COVID-19. The person in charge monitored the training and development needs of staff and ensured that staff attended training and refresher courses as required to maintain the skills and knowledge required to carry out their duties.

The provider had a COVID-19 contingency plan in place which clearly outlined the steps to be taken in the event of an outbreak. Risk assessments had been completed in relation to individual residents, and areas such as the provision of PPE, visitors to the centre, staffing arrangements, and plans for isolation if required. The contingency planning document was clear and straightforward. It also detailed information which guided the person in charge and staff on how to respond to and manage, a suspected and/or confirmed outbreak of other potential outbreaks of infection in the centre.

## Quality and safety

It was evident that the provider was endeavouring to provide a safe, high quality service to residents. Residents appeared happy in their home and satisfied with the service provided. The inspector found that residents were being kept up-to-date and well informed in relation to infection prevention and control measures that were required in the centre and the community. Some improvements to equipment and premises were required to achieve compliance with the National Standards for infection prevention and control in community services (HIQA, 2018).

Residents participated in regular residents meeting where they planned activities and meals for the coming week and discussed topical issues such as updates to national guidance, and hand hygiene. It was evident that care and support plans were developed with a rights-based approach and any healthcare or IPC risks were managed in a way that respected residents' right to make informed choices.

The communication needs and preferences of the residents were clearly detailed in their personal plans. The person in charge and staff team had also developed a health-related hospital passport which contained information about residents'

assessed needs and how best to communicate with them, which could be shared with other healthcare professionals.

Overall, the inspector observed that the staff team maintained good standards of infection prevention and control with adherence to standard precautions in the day to day running of the centre. For example, staff were observed following good hand hygiene practices and using PPE appropriately. Staff spoken with were knowledgeable of the laundry and waste management practices in place in the centre, which were found to be carried out in line with the provider's own policy.

There were clear environmental hygiene arrangements in place. Staff in the centre were responsible for the day to day cleaning and maintenance of good hygiene in the centre. There were comprehensive cleaning schedules which included guidance on the frequency and method of cleaning for communal areas, equipment and high touch points in the premises. It was evident that these were subject to review and there were measures in place to ensure staff were informed about any changes to the arrangements. For example, the person in charge discussed updates to national guidance or organisational policies at team meetings where staff could discuss the impact on local procedures.

The premises was found to be clean and tidy throughout. Staff were observed cleaning some areas of the house in line with the schedule for the day. There was a colour coded cleaning system in place to minimise cross-contamination. There was a utility area available in a building at the rear of the property which contained a washing machine and dryer. The utility area also had hand wash facilities and suitable PPE available for the management of laundry. There were arrangements in place to separate clean and dirty laundry, and residents each had their own laundry basket that was made from a wipeable material.

All bathrooms were found to be clean with any equipment used to support residents in good condition. The entry hall to one bathroom had considerable damage to the wall which needed to be repaired. The kitchen was generally in good condition. The oven was broken at the time of inspection and the provider had arranged for it to be repaired. In the interim, staff were using other appliances (such as a slow cooker) to prepare meals, and residents could also eat out in local cafes and restaurants. The kitchen cabinets were worn in some places with some of the finish peeling; repair of the peeling areas was required to maintain a finish that enabled effective cleaning.

Most equipment in use in the centre was designated as single-person equipment. All large equipment was seen to be clean, such as shower chairs and support rails. One resident's laptray had exposed wood at the sides that limited the ability to clean it effectively. While all small equipment was observed to be in good condition and visibly clean, in some cases the correct cleaning agent was not being used for decontamination of equipment, for example in the case of blood glucose monitors.

There was a local contingency plan for use in the event of an outbreak of COVID-19 or another healthcare associated infection. This was reviewed and updated at regular intervals and included measures to be taken in regard to staffing, enhanced cleaning, designated donning and doffing areas in the centre, waste and laundry

management, and escalation pathways.

## Regulation 27: Protection against infection

Overall, the inspector found that the governance and management arrangements facilitated good IPC practices. The provider demonstrated a commitment to meeting the national standards. Some further attention was required to some of the arrangements and facilities to promote higher levels of compliance with regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). This was observed in the following areas:

There were some areas of the premises that were worn or damaged and required repair, such as a wall in the entry way to the bathroom that had exposed concrete, and the kitchen cabinets.

Some small healthcare equipment was not being cleaned with the appropriate cleaning agent.

The addition of an IPC audit to the programme of audits was required to ensure IPC measures and risk controls were based on an informed assessment.

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
<b>Capacity and capability</b>	
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Substantially compliant

# Compliance Plan for Cill Caisce OSV-0002355

Inspection ID: MON-0037430

Date of inspection: 05/08/2022

## 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	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"><li>• Resident's lap tray which had areas of exposed wood, has been referred to supply company and they will reinforce the structure by providing a lip around the edge- 30/9/2022</li><li>• Unannounced IPC inspection to be carried out on the 20th Sept 2022</li><li>• Review of the cleaning process for all types of assistive / medical equipment with appropriate cleaning solutions available. Cleaning of this equipment completed after each use - 5/8/2022</li><li>• Hall to one bathroom damage to the wall; to be addressed by 30/10/2022</li><li>• Oven was repaired on the 9/8/2022</li><li>• Planned replacement of kitchen 30/6/2023</li></ul>	

## 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	30/06/2023