



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

## Issued by the Chief Inspector

|                            |                     |
|----------------------------|---------------------|
| Name of designated centre: | A Bettystown Avenue |
| Name of provider:          | St Michael's House  |
| Address of centre:         | Dublin 5            |
| Type of inspection:        | Unannounced         |
| Date of inspection:        | 23 February 2022    |
| Centre ID:                 | OSV-0002365         |
| Fieldwork ID:              | MON-0035585         |

## About the designated centre

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

A Bettystown Ave is a designated centre operated by Saint Michael's House located in North County Dublin. It provides a community residential service to six adults with a disability. The centre is a two-storey house in a residential area and comprises two sitting rooms, a kitchen/diner, utility room and seven bedrooms, of which six are used by residents and a number of shared bathrooms. The centre also provides a patio area to the rear of the house and a garden to the side which are both accessible to residents. The centre is staffed by a person in charge and social care workers. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required.

**The following information outlines some additional data on this centre.**

|  |   |
|--|---|
| Number of residents on the date of inspection: | 6 |
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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 23<br>February 2022 | 09:15hrs to<br>17:00hrs | Jennifer Deasy | Lead    |
| Wednesday 23<br>February 2022 | 09:15hrs to<br>17:00hrs | Amy McGrath    | Support |

## What residents told us and what inspectors observed

The inspection was carried out to assess the arrangements in place in relation to infection prevention and control (IPC) and to monitor compliance with the associated regulation. This inspection was unannounced. The inspectors met and spoke with staff who were on duty throughout the course of the inspection, and met with several of the residents who lived in the centre. The inspectors observed residents as they went about their day, including care and support interactions between staff and residents. Some residents spoke to the inspectors in more detail of their experiences of living in the designated centre and of the measures in place to protect them from acquiring a healthcare associated infection.

A Bettystown Avenue is a large two storey home located in a busy suburb. The centre comprises ground floor accommodation for four residents and upstairs accommodation for two residents. At the time of inspection, there were six residents living in the designated centre. The ground floor of the premises consisted of four single occupancy bedrooms, a kitchen and dining room, two sitting rooms, a utility and two bathrooms. The first floor consisted of two resident bedrooms, a staff office and a bathroom.

On arrival, the inspectors were met by a member of staff who took inspectors' temperatures. The inspectors saw that staff were wearing face masks however these were disposable surgical masks and were, therefore, not in line with national guidance on the wearing of personal protective equipment at the time of inspection.

The inspectors saw that there was adequate availability of hand sanitisation points throughout the building and that all sinks had a supply of soap and single use, disposable towels.

Some residents were at day service when inspectors arrived, while others were engaged in activities in their home or were getting ready to start their day. Inspectors observed staff interactions with residents to be warm and friendly. One resident told the inspector about their experiences of living in the designated centre during the global pandemic. The resident was informed regarding COVID-19 and measures to reduce the risk of contracting the infection. The resident was aware of impending changes to the requirements to wear masks in public spaces and confidently expressed their opinions and the choices that they would be making in this regard.

The inspectors completed a walk-through of the premises with the person in charge. Each resident had their own bedroom which appeared to be decorated in line with residents' preferences. Resident bedrooms were generally clean and tidy although there was dust noted on higher shelves. The ceilings in some resident bedrooms required painting. This was a long-standing premises issue having been identified on previous HIQA inspections and captured on the provider's audits since 2019.

The centre had recently benefited from the addition of a new kitchen which was clean and bright. There were three bathrooms available to residents. Infection prevention and control risks were identified in two of these bathrooms. One bathroom was observed to be very poorly maintained with issues with tiles, floors and general cleanliness. A risk was identified in the upstairs bathroom whereby there was no procedure in place for flushing or testing of water for Legionnaires in a shower that was seldom used. An urgent action was issued verbally on the day of inspection in relation to this risk.

Residents were supported in the house by a team of social care workers. The staff took on the responsibility of cleaning and upkeep of the premises. The inspectors found that, while there were some examples of good practice in environmental hygiene such as colour coded mops and buckets, there was insufficient guidance in place to direct thorough cleaning of the environment and equipment.

Staff also supported residents with care needs such as monitoring vital signs and assisting residents to check blood glucose levels. The inspectors found that staff did not have sufficient knowledge to ensure that the IPC arrangements for supporting these care needs were in line with best practice.

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 governance and management arrangements were found to be ineffective in assessing, monitoring and responding to infection control risks. The provider did not demonstrate that there were adequate structures or arrangements in place to measure and oversee performance in this area. The inspectors saw that there were long-standing issues which presented a risk to infection prevention and control (IPC) and that these had not been responded to in a timely manner by the provider.

There were a range of policies in place at an organisational level, including a policy on infection prevention and control that was updated in 2020. The inspectors found, that while the policy contained information about best practice, including standard and transmission based precautions, it did not contain specific guidance for the implementation of standard precautions at a local level. Furthermore, it did not identify roles and responsibilities for staff and did not provide sufficiently clear guidance with regard to training requirements or risk assessment. The frequency with which IPC audits were to be carried out and subsequently reviewed was not defined in the provider's policy.

While there were monitoring systems for quality and safety in place, these did not assess performance specific to IPC. This resulted in areas where best practice and policy was not being followed and where risks were not being identified. For

example, staff were unaware of best practice in relation to the use of alginate bags for contaminated laundry or of the best-practice procedures for decontamination of medical and care equipment.

The person in charge had assumed the role of IPC lead in the designated centre. There was evidence that the person in charge had sought a review of the provider's 2019 IPC audit and had continued to escalate premises and IPC related issues to the provider subsequent to that audit. While some premises issues were addressed, such as the replacement of the designated centre's kitchen, there remained long standing issues which presented risks to infection prevention and control. These risks included broken tiles in a bathroom and untreated wooden doors on the landing. It was also not evidenced that individuals with responsibility for IPC and risk management had received appropriate training. There were several IPC risks identified on the inspection which were not known to staff and which had not been identified in the centre's six monthly audits and annual review. These included the absence of a water treatment or flushing system for bathrooms which were seldom used in the designated centre. An urgent action was issued on the day of inspection in respect of this risk.

Most staff had completed online training in hand hygiene and COVID-19. However, the training was not supported by a further assessment of practical skills. Staff were knowledgeable regarding the procedures to be followed in the event of a suspected or confirmed case of COVID-19. The inspectors saw that recent cases of COVID-19 among residents and staff were managed appropriately and that the provider had allocated additional staff during this time to ensure residents' needs were met. A contingency plan was in place in the event of an outbreak of COVID-19 and staff were clear on the use of PPE in this event. The provider's six monthly audits included a review of the IPC arrangements in the designated centre in relation to the centre's preparedness and contingency arrangements for COVID-19. Broader infection control issues were not covered in these audits in any detail.

The inspectors were not assured that staff had received appropriate training, supplementary to COVID-19 specific training, as relevant to their role and the assessed needs of residents. In the absence of infection control audits, staff training was not sufficient to carry out the responsibility of monitoring IPC practices. Inspectors saw that the number of staff in the designated centre was suitable to manage the presenting infection prevention and control risks. However, as these risks were not well known and staff had not been provided with adequate training, staff therefore did not have the knowledge and skills to assess, respond and manage these risks in line with best practice. Several risks were identified on the day of inspection, whereby staff did not have knowledge regarding the action to be taken in the event of a needle stick injury or an outbreak of an infection such as norovirus in the centre. The training needs required review to ensure that the IPC lead had the resources and knowledge to guide the staff team and to mitigate against the risk of residents acquiring a healthcare associated infection.

Overall, it was found that the governance and management arrangements had failed to ensure that infection prevention and control risks were identified and managed in a timely manner. There were significant concerns raised with regard to staff training

and the oversight of the quality and safety of the service provided to residents with respect to infection control.

## Quality and safety

The governance and management arrangements in the centre did not support the ongoing and consistent provision of safe and quality care in relation to infection control. While there were some good practices observed in relation to the delivery of person-centred care, the quality of the service was significantly impacted by the under-utilisation of infection control quality assurance systems.

The inspectors saw that residents had an up-to-date assessment of need completed which was supported by comprehensive care plans. Care plans included information on additional supports required by residents to manage their physical and mental health during the COVID-19 pandemic. There were also up-to-date health care plans in place for complex health needs such as epilepsy and diabetes. Infection prevention practices were discussed at resident meetings including cough etiquette and hand hygiene. The inspectors saw that residents were supported to engage in practices such as elbow-bumping rather than hand-shaking when greeting inspectors.

The inspectors spoke to one resident who was knowledgeable regarding COVID-19 and the measures they should take to protect themselves. It was clear that residents' lives had been significantly impacted by COVID-19 and there was evidence that some residents had experienced emotional distress at various stages of the pandemic. Inspectors could see, on a review of resident files, that residents were provided with emotional support and reassurance by staff when this occurred.

The provider had implemented measures to reduce the risk of an outbreak of COVID-19 in the designated centre. There was information regarding good hand hygiene and hand sanitisation points throughout the centre. However, the measures to reduce the risk of COVID-19 were not consistently implemented in line with national guidance and the provider's own protocols. Staff temperature checks were maintained for all staff however staff were inconsistent in completing symptom checks for COVID-19. Staff were also observed to be wearing surgical face masks rather than the FFP2 masks as recommended by national guidance. The designated centre had in place a contingency plan for the management of a COVID-19 outbreak but the plan required improvement to ensure that requirements for residents to isolate were in line with public health guidance.

The inspectors found that staff were inadequately informed regarding residents' colonisation statuses and were unaware of procedures to be taken to reduce the risk of transmission of infection. On a review of resident files, inspectors saw that some residents had previously diagnosed infections which required monitoring. Some staff spoken with were unaware of residents' colonisation statuses and therefore did not know to monitor for signs and symptoms of the infection. Other staff, while aware of

the residents' past infections, did not have knowledge regarding the procedure to be followed in the event of a reoccurrence of an infection in order to reduce transmission. While hospital passports were in place, these did not document residents' colonisation status and so it was not clear that necessary information would be shared on transfer to other agencies.

Inspectors found that residents were at risk of infection as a result of the provider failing to ensure that procedures consistent with the standards for infection prevention and control were implemented by staff. Although resident bedrooms and the kitchen appeared visibly clean, the procedures, frequency and methods for environmental cleaning were unclear. Staff spoken with were inconsistent regarding their knowledge of which cleaning materials should be used for different scenarios. Furthermore, there were several environmental hygiene risks identified on the day of inspection in addition to those risks captured on the provider's 2019 IPC audit. These risks included an absence of bin liners in bins designated for used PPE, no flushing schedule in place for an unused bathroom and significant wear and tear and unhygienic conditions in a downstairs bathroom. The inspectors saw that a sofa in the sitting room was very worn with the cover peeling away. This presented an IPC risk as it could not be adequately cleaned. The inspectors were informed that a replacement sofa had been ordered.

The utility room was seen to be clean and tidy and there were generally good practices in place regarding the safe management of residents' laundry. However, the measures in place to manage soiled laundry were ineffective and increased the risk of transmission of a healthcare associated infection.

There were no consistent protocols in place for the cleaning and decontamination of medical related equipment, in particular smaller pieces of equipment such as blood pressure cuffs, pulse oximeters and glucometers. Staff spoken with had different understanding of how these items were to be cleaned and one device was seen to be visibly contaminated with blood. Inspectors also saw that some lancets were not disposed of in appropriate receptacles and therefore presented a risk of a needle stick injury. As previously described, staff were unaware of the procedure to be followed in the event of a needle stick injury. There was no spills kit available to staff if required. Larger equipment in the centre such as hoists, commodes and wheelchairs appeared to be clean and adequately maintained.

Inspectors found that significant improvement was required in relation to monitoring and addressing infection control risks in the premises. Some areas of the premises consisted of untreated wood while other areas were damaged and therefore could not be effectively cleaned and sanitised. The inspectors saw swollen chipboard and rusted metal fixtures in resident bathrooms as well as damaged floors and tiling. The drain in one bathroom was seen to be coated with black mildew and a strong smell was coming from this.

Inspectors noted that some of these issues had been identified on the provider's audits and that the person in charge had sought for these issues to be addressed. However, these had not been addressed in a timely manner.

## Regulation 27: Protection against infection

Systems and resources in place for the oversight and review of infection prevention and control practices were not effective. Inspectors observed that practices in the designated centre were not consistent with national standards for infection, prevention and control in community services. Throughout the inspection, inspectors identified a number of areas where adherence to national guidance and standards required improvement. These included:

- The provider had failed to address several known infection control risks in the designated centre in a timely manner
- The provider's policy did not set out specific guidance in relation to the roles and responsibilities of staff in relation to infection prevention and control
- There was insufficient guidance in place to direct thorough and consistent cleaning of the environment
- Staff and the IPC lead did not have access to specific IPC training
- There was no practical assessment of skills acquired in online trainings as completed by staff
- The provider's procedures in relation to monitoring for signs and symptoms of COVID-19 were not consistently implemented by staff
- Staff were not wearing PPE in line with current guidance
- IPC risks were identified in bathrooms including cracked tiles, flooring not meeting the level of tiles, encrusted dirt around the base of a toilet and mildew and grime in a shower drain
- An urgent action was issued in relation to the procedures to flush/treat water in one seldom used bathroom
- Bathroom fixtures and fittings were damaged and therefore could not be adequately cleaned and sanitised.
- Staff did not have access to alginate bags for the safe and effective laundering of soiled laundry
- Untreated wooden doors on the landing required painting/treating
- A sofa in one sitting room was significantly damaged and required replacing
- There was inadequate documentation of residents' colonisation status and inadequate guidance for staff on the monitoring of these infections and procedures to reduce the risk of transmission of infection in the event of a reoccurrence of known infections.
- Several bins designated for used PPE did not have bin liners
- There was no cleaning protocol in place for cleaning of smaller medical devices and one of these was visibly contaminated with blood
- Not all sharps were stored in an appropriate receptacle and staff were unaware of the procedure to be followed in the event of a needle stick injury
- There was no spills kit in the centre

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 A Bettystown Avenue OSV-0002365

Inspection ID: MON-0035585

Date of inspection: 23/02/2022

## 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:</p> <ul style="list-style-type: none"> <li>• The provider will endeavour to address all known infection control risks in a timely manner.</li> <li>• The providers Infection Prevention and Control (IPC) policies are currently under review . Review due to be complete by 30/04/2022.</li> <li>• The providers Environmental Hygiene &amp; Cleaning Policy &amp; Guidelines are currently in place . All staff have been made aware of these. This policy informs local guidelines and practice.This poilcy is currently under review and will provide detailed guidance on thorough cleaning practice. Review is due to be complete by 30/04/22.</li> <li>• All staff including the PIC have completed Covid/IPC online training course.</li> <li>• IPC Training Module is currently being reviewed which will include review of training needs for those in lead IPC positions in units. Review due to be complete by 30/04/2022</li> <li>• Face to face training was suspended due Covid 19 restrictions and risks. In person practical assessment of staff will recommence when face to face training recommences.In the interim a visual assessemnt will be carried out via Zoom by SMH IPC trainer . This is scheduled to take place on 10/05/22.</li> <li>• PIC will ensure that all public health guidelines in relation to monitoring for signs and symptoms of Covid 19 are consistently implemented by all staff. Daily checklists are in place in the centre.</li> <li>• All staff are aware of current PPE guidance and are now wearing appropriate PPE at all times.</li> <li>• Grime in shower drain was cleaned and disinfected on the day of inspection. Cracked tiles were repaired so they can now be cleaned effectively. Flooring in bathrooms has now been repaired .The sealant at base of toilet basin has been replaced .</li> <li>• Flushing schedule for rarely used bath was put in place on day of inspection. Flushing is carried out weekly and recorded.Testing for Legionella bacteria was carried out on 1/3/22 and resulted in no Legionella bacteria being detected.</li> <li>• Damaged bathroom fixtures have been removed.</li> </ul> |               |

- Alginate bags and HSE guidelines for their use are now in place in the centre.
- Untreated wooden doors have now been painted.
- Old sofa was removed from centre and new sofa has been ordered.
- Resident's support plans have been updated to highlight colonisation status of resident and provide guidance for staff on the monitoring of infections and procedures to reduce the risk of transmission. All staff have been made aware of these supports and guidelines.
- All bins now have liners in them. Changing of bin liners is part of daily cleaning schedule.
- Cleaning protocol is in place for cleaning of smaller devices. Small devices are cleaned after each use.
- Sharps box is now stored separately from hazardous waste box to prevent incorrect use of same. All staff and residents have been made aware of appropriate disposal of sharps. Guidelines are in place for the event of needle stick injury and all staff have been made aware of these.
- SMH do not use spill kits. "Body Fluid Spillages – Guidelines on the Management of spillages of Blood and Body Fluids" are in place and inform staff practice.
- Meeting was held with Infection Prevention & Control (IPC), Quality & Safety (Q & S) and Directors of Services to review recent IPC Thematic HIQA Inspections held on March 14th 2022
- IPC presented at Person In Charge (PIC) forum advising and reminding staff of all IPC obligations rather than the focus been solely on Covid.

## 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 | Red         | 31/03/2022               |