



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

Issued by the Chief Inspector

Name of designated centre:	The Pines
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Unannounced
Date of inspection:	17 May 2022
Centre ID:	OSV-0002398
Fieldwork ID:	MON-0035753

About the designated centre

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

The Pines is a designated centre operated by St. Michael's House. It provides residential care and support for up to five adults with an intellectual disability. Residents with additional physical and sensory support needs can also be accommodated in the designated centre. The designated centre can support residents with additional support needs such as alternative communication needs, specialist diet and nutrition programmes and residents with well managed health conditions such as epilepsy or diabetes. The centre can also support people with a dual diagnosis of intellectual and mental health diagnosis. The centre comprises a detached, two-storey house. Each resident has their own bedroom. The centre is managed by a person in charge and person participating in management as part of the provider's governance oversight arrangement for the centre. The staff team consists of social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 17 May 2022	08:50hrs to 15:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to assess the arrangements in place in relation to infection prevention and control and to monitor compliance with the associated regulation. Overall, the inspector found that the centre was operating at a reasonable standard of infection prevention and control practice and the registered provider was ensuring the risk of healthcare-associated infection was being managed, however, some areas for improvement were found.

There were four residents living in the centre. During the inspection, one resident was not present but the inspector met the other three. One resident attended a day service and the other two residents were being supported in their daily activities by staff working in the centre. The resident attending a day service told the inspector that they liked their day service and the activities they did there. The resident told the inspector that they liked living in their home, got on well with their housemates, and enjoyed going to the pub and shops at the weekend. The resident showed the inspector their bedroom which was bright, comfortable, and decorated to the resident's tastes. One resident recently moved into the centre and told the inspector that they liked it there. The resident was relaxing at home for the day and planning to go out later in the evening. Another resident did not verbally communicate with the inspector but appeared relaxed and content in their home.

The opportunity did not arise for the inspector to meet any residents' family members or representatives, however, the annual review of the centre, carried by the provider, had consulted with the residents' families and their feedback on the service was very positive.

The inspector met and spoke with members of staff working in the centre during the inspection. The inspector observed staff interacting with residents in a respectful and personable manner, and residents appeared relaxed in staff company. It was clear from the inspector's observations and from speaking to staff that staff knew the residents and their needs very well.

The staff were responsible for the day-to-day cleaning of the centre and the inspector observed them cleaning throughout the inspection. The inspector spoke with staff about the infection prevention and control (IPC) systems and arrangements implemented in the centre such as IPC training, cleaning schedules and products, use of personal protective equipment (PPE), laundry management, and the precautions to reduce the transmission of COVID-19. The staff were found to be knowledgeable on the matters discussed. The staff also told the inspector about how residents were supported to understand IPC precautions through gentle verbal prompts, assurances and reminders.

The designated centre comprised a large two-storey detached house in county Dublin. The house was located close to many amenities and services such as shops, eateries, and public transport links. There was a large back garden for residents to

use and a vehicle was available to transport residents (the vehicle was broken on the day of the inspection and was due to be repaired).

The inspector completed a walk-around of the centre. The inspector observed a supply of face masks and hand sanitiser at the front door. There was also signage on a noticeboard in the hallway on IPC precautions. Each resident had their own bedroom which were comfortable and decorated to their individual tastes. One resident had recently moved in, and their bedroom required a touch up of paint and for their pictures to be hung on the walls. Generally, the centre was clean and maintained to a reasonable standard. The furnishings were comfortable and the house was decorated to be homely. However, some areas of the home required deep cleaning and renovation work. The main bathroom was found to be in a particularly poor state which presented infection risks, and required renovation and further decoration in order to be a pleasant and inviting space for residents to use. The inspector also observed infection hazards and arrangements in the centre to be improved upon such as rust on bins, damaged equipment, and the absence of foot-pedal operated bins in some bathrooms.

The registered provider and person in charge were aware of the premise issues and there was an established schedule of works to renovate the home that would mitigate some of the infection hazards. The person in charge was also arranging for a deep clean of the house by an external company. The premises are discussed further in the quality and safety section of this report.

The inspector observed the stock of personal protective equipment (PPE) to be well maintained and organised. There was guidance available to staff in the staff room on the use of PPE, and there was a dedicated donning and doffing room. The inspector observed staff wearing face masks that were not in line with the current guidance. This was highlighted to the person in charge, and staff changed to wearing the appropriate face masks. There was a sufficient supply of cleaning chemicals with accompanying material data sheets. There were also colour coded products such as mops and cloths used as a measure to reduce cross contamination of infection, although the supply of cloths needed to be increased. There were hand washing sinks and hand sanitiser was available to support good hand hygiene 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.

Capacity and capability

Overall, it was found that the registered provider and person in charge had implemented good arrangements and systems to ensure the delivery of safe and effective infection prevention and control (IPC) measures that were consistent with

the national standards.

There was a clearly defined governance structure with associated roles and responsibilities for the centre. The person in charge was full-time and supported in their role by a service manager who in turn reported to a Director of Service. The person in charge provided support and guidance to staff in the centre on a day-to-day basis. In the absence of the person in charge, staff were supported by the service manager and could also contact the nurse manager on-call if outside of normal working hours. The provider had an established team of IPC nurses. The IPC team were available to the centre to provide guidance and direction on IPC matters, and had supported the centre during a recent COVID-19 outbreak.

The provider had prepared a suite of written policies, procedures and guidelines on IPC matters, some of which had been very recently updated. The policies, procedures, and guidelines were available to staff in electronic and paper format. In response to the COVID-19 pandemic, the provider had also developed information on COVID-19 and IPC, such as updates on national guidance, visiting restrictions, cleaning equipment guidelines, and information on nutrition for residents with confirmed COVID-19. The information was circulated to ensure that staff were aware of the most up-to-date and current guidance to safely manage and reduce the risk of COVID-19. There were also paper copies of public health guidance in the staff room for staff to refer to, including guidance on the correct use of personal protective equipment (PPE).

The provider and person in charge had implemented systems to monitor infection prevention and control (IPC) arrangements in the centre. The person in charge completed monthly IPC audits to identify and assess IPC hazards and risks, and ensure that appropriate measures were in place. The provider had carried out an annual review and six-monthly unannounced reports on the quality and safety of care and support provided in the centre. The annual review and unannounced reports did not make reference to IPC arrangements, and the inspector found that the reviews and reports would be more effective if they had included IPC particularly in relation to COVID-19 pandemic. However, an IPC audit of the centre by the provider's IPC team was scheduled to take place by the end of the month.

The person in charge had completed risk assessments on IPC matters including COVID-19. The inspector found that the scope of some risk assessments was too wide and required revision to ensure that the individual risks and associated control measures were clearly defined. The person in charge had completed a risk assessment on legionella in the centre, and had implemented a weekly checklist for the flushing of an unused bath and shower. The inspector found that the checklist required enhancement to specify how the water should be flushed, for example, time required to flush cold and hot water.

There was an adequate supply of personal protective equipment (PPE) in the centre and it was securely stored. Audits of the PPE stock were to be completed on a weekly basis to ensure that the supply was sufficient, however, the inspector found that the audits were not completed every week. However, the provider had good systems for the centre to easily access more PPE if required. As described earlier in

the report, the inspector observed staff wearing PPE (face masks) that was not in line with the current guidance, however, they changed to wearing the correct PPE during the inspection.

The centre was staffed by a team of social care workers and there was one social care worker vacancy. The vacancy was filled by regular relief staff to ensure consistency for the residents, and to reduce staff footfall in the centre as a precaution against COVID-19.

Staff working in the centre had completed infection prevention and control (IPC) training that incorporated COVID-19 and the use of PPE to support them in understanding and implementing IPC measures. The person in charge had also scheduled staff to attend webinars on IPC and COVID-19 to refresh and enhance their knowledge. Staff had also completed food safety training as they were involved in the preparation and cooking of residents' meals.

The inspector reviewed a sample of the monthly staff team meeting minutes and found infection prevention and control to be a standard agenda item for discussion. At the team meeting in May 2022, the team discussed updates in the provider's IPC policy and a new risk assessment on legionella. In April 2022, the team discussed cleaning records, the IPC 'house plan', and recent IPC inspections carried out in other centres which demonstrated good shared learning practices. In March 2022, the team discussed the use of PPE, visiting guidelines, and COVID-19 training.

The inspector spoke to a staff member working in the centre about the infection prevention and control (IPC) measures implemented in the centre. The staff member advised the inspector on their IPC training and spoke about some of the components, for example, hand hygiene and standard precautions. The staff member also advised the inspector on some of the measures to prevent the transmission of infection, such as the use of PPE, cleaning regimes and arrangements, and awareness and vigilance of the signs and symptoms of infection. The staff member also told the inspector about the cleaning chemicals and colour coded products used in the centre, and how soiled laundry was managed. The staff member advised the inspector that they could refer to the provider's policies and guidelines or contact the provider's IPC team if they required information or guidance on specific IPC matters.

Quality and safety

The general health, personal, and social care needs of the residents living in the centre varied, and the inspector observed that residents were supported with their needs in a person-centred manner. Residents were supported to make choices and decisions about their care and how they were supported. Personal plans were developed to support residents with their personal needs. The inspector reviewed a sample of care plans, and found that residents' needs that presented an IPC risk

were noted with associated interventions to be followed.

In relation to infection prevention and control (IPC), residents had access to easy-to-read guidance on COVID-19 and vaccines. IPC was also discussed at some of the residents' meetings. The inspector reviewed a sample of the meeting minutes. In February 2022, staff discussed COVID-19, hand hygiene and respiratory etiquette, and self-isolation with residents and used accessible information to help their understanding.

As mentioned earlier in the report, generally the centre was well maintained and clean, however the inspector found some areas to require cleaning and renovation to ensure that IPC risks were mitigated.

The inspector observed sufficient hand washing facilities, and there was information on IPC displayed in the centre. There was also a dedicated 'donning and doffing' PPE room. Two sharps boxes in the staff room had not been properly affixed and the lids had not been closed over when not in use, these issues presented as a hazard and risk of infection. The living areas were homely and comfortable. The residents' bedrooms were very personalised and decorated to their tastes. The kitchen was generally clean and tidy. However, some of the kitchen drawers were damaged and required cleaning, as did the base of a blender, and grouting required attention where some of the tiles met the counter tops. The inspector also observed open packets of food in the fridge that were not labelled with a date of opening. Some of the window frames in the house also required cleaning.

In the upstairs bathroom, the fan required cleaning, and the waste bin was not foot-operated with a lid which was required for optimum hygiene standards. The small bathroom downstairs needed to be cleaned around and behind the base of the sink, and the toilet roll holder was rusty. The bin in the hallway was also rusty. The main bathroom was in a very poor state of upkeep that presented infection hazards and resulted in an uninviting and unpleasant space for residents to use. There was rust on the radiator and grab rails, and the seat of the shower chair was torn and the legs of the chair were visibly dirty. There was poor ventilation in the room, and mould was observed on the exit door and on some tiles. There was no window, and while there was an extraction fan, it was very loud and uncomfortable to listen to which also impinged on residents being able to have a relaxed experience in the shower. The flooring had also detached in areas from where it met the wall posing an infection hazard. There were also unused metal fixtures in the floor that presented a trip hazard as well as an infection hazard.

The registered provider and person in charge were aware of the premises issues. An inspection of the premises had recently taken place and a schedule of renovation works was developed. The schedule was comprehensive and included clear dates for completion of works to upgrade the premises and mitigate associated risks. The person in charge had also received quotes for the centre to be deep cleaned by an external company and was arranging for this work to happen.

Staff in the centre completed the cleaning duties in addition to their primary role. The person in charge had implemented cleaning schedules. The inspector found that

the cleaning schedules required enhancement to encompass all necessary cleaning duties, for example, cleaning of bathroom fans, equipment used by residents, and the washing machine. The recording of the cleaning of equipment used by residents, for example, nebulisers, also required improvement to demonstrate that the equipment was cleaned appropriately.

There was an adequate supply of cleaning chemicals with accompanying safety data sheets. The staff also used colour coded cleaning equipment such as clothes and mops to reduce the risk of cross contamination of infection. The supply of colour coded products required enhancement to be in line with the revised IPC policies recently issued by the provider. There was guidance on the arrangements for staff to refer to on the management of waste and bodily fluid spills.

The person in charge had developed a 'house plan' for infectious diseases (including the winter vomiting bug, COVID-19 and the flu). The house plan included topics such as access to PPE, 'donning and doffing' arrangements, supporting residents to isolate, designated bathroom use, staffing arrangements, waste management, consultation with families, and support from the IPC team. The person in charge regularly audited the house plan to ensure that it was fit for purpose. It was audited in March 2022 and revised following identification of actions to enhance the plan. The staff rota also highlighted a 'COVID-19 Lead', the lead was responsible for coordinating the response in the event of a potential COVID-19 outbreak.

The centre experienced a COVID-19 outbreak in January 2022 which affected residents and staff. The outbreak was managed well and all residents and staff recovered. The provider's IPC team completed a written report on the outbreak. The report was presented chronologically and detailed how the outbreak was managed. The report reflected the support provided by senior management to the centre and the ongoing communication with public health services during the outbreak. The report also reflected how the wellbeing of residents was supported, for example, the impact of isolation on residents' mental health was advocated for.

Regulation 27: Protection against infection

The registered provider had developed and implemented good systems and processes to prevent, control, and protect residents from the risk of infection. Residents were receiving good quality care and support in line with their assessed needs, and the inspector observed practices which were consistent with the national standards for infection prevention and control (IPC) in community services.

Staff working in the centre were trained in infection prevention and control precautions and measures, and had a good understanding of the IPC matters discussed with the inspector. IPC and COVID-19 was discussed at staff meetings to ensure staff were aware of the precautions implemented in the centre. Residents had been supported to understand IPC and COVID-19 measures through accessible information and discussions at residents' meetings. There was an adequate supply of personal protective equipment (PPE), and cleaning chemicals (with accompanying

safety data sheets) to be used in the centre. There was also sufficient hand washing facilities.

The person in charge had good oversight of IPC in the centre, and had conducted IPC audits and risk assessments to identify IPC hazards and areas for improvement. There was also an IPC team available to provide guidance and support to the centre. The person in charge had developed a comprehensive plan to be following in the event of an infectious disease presenting in the centre. The plan was reviewed on a regular basis to ensure it was fit for purpose. The centre had experienced a COVID-19 outbreak in January 2022, however, it was managed well and in line with the plan. The outbreak had also been reviewed to identify any potential learning.

However, some areas and practices required improvement to strengthen the IPC precautions and measures implemented in the centre, including:

- Some IPC risk assessments required revision.
- Tick lists for cleaning duties (including cleaning of equipment used by residents) and flushing of water required enhancement.
- Staff were not wearing PPE (face masks) in line with public health guidance.
- The maintenance of sharp boxes required improvement.
- Areas of the kitchen required renovation and cleaning to mitigate infection risks.
- Some window frames in the house required cleaning.
- The base of the sink in the small downstairs bathroom and the fan in the small upstairs bathroom were dirty.
- The main bathroom was in a poor state of repair with inadequate ventilation. There was rust on fixtures, damaged and dirty equipment, and mould was present. The provider has an established schedule of works to renovate the premises and the person in charge was arranging for the centre to be deep cleaned by an external company.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for The Pines OSV-0002398

Inspection ID: MON-0035753

Date of inspection: 17/05/2022

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"> • The person in charge has completed Risk Assessments on the management of sharps and on the management of laundry are available for Inspector to review • Cleaning schedules (tick list) updated to include equipment used by residents. The record of flushing of water outlets was also updated with correct instructions for how to flush the water systems. • Person in charge instructed Staff to wear the appropriate FFP2 masks on the day of Inspection. (Note the HSE guidance re face masks changed on 23/05/2022. SMH sent a memo to all staff advising them of the change on 27/05/2022.)FFP2 masks will be worn by all staff if the centre has suspected or confirmed case of Covid. • The lids to the sharps box are now secured tightly. Staff were reminded to close the opening of the lid on the sharps box when not in use. • Professional deep clean of the premises on 9th June 2022 carried out which included the cleaning of the window frames, the fan in the small upstairs bathroom and the base of base of the sink in the small downstairs bathroom. The tiles in the main shower room were also cleaned. • New handrails have been ordered for the bathroom downstairs. They will be fitted by the maintenance dept once they arrive. • Bathroom – <ul style="list-style-type: none"> - New handrails have been ordered for the bathroom downstairs. They will be fitted by the maintenance dept once they arrive. - Whiterock will be fitted to 2 remaining walls in the shower room - Rusted screws will be replaced - Quote has been sought for new humidity sensor vent. - Flooring company will repair the altro flooring (non-slip). - Radiator will be painted. - New shower chair will be ordered following OT assessment on 22/06/2022 • Kitchen – <ul style="list-style-type: none"> - Tiles will be re-grouted 	

- Joint between countertop and tiles will be re-sealed
- Missing skirting board will be filled and painted

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	31/12/2022