



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

Issued by the Chief Inspector

Name of designated centre:	La Verna
Name of provider:	St Michael's House
Address of centre:	Dublin 5
Type of inspection:	Unannounced
Date of inspection:	08 August 2022
Centre ID:	OSV-0002363
Fieldwork ID:	MON-0035592

About the designated centre

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

La Verna provides full-time residential care to adults with an intellectual disability. Support provided at La Verna is based on the social care model with a focus on supporting and assisting residents to participate and be involved in their local community, develop daily living skills and sustain relationships with family and friends. La Verna is located in a residential area of a city and is close to local shops and other amenities. The centre is in addition close to public transport links, which enable residents to access leisure amenities and work placements in the surrounding area. The centre is a two-storey house and comprises of six bedrooms of which five are used by residents. The other bedroom is used by the provider as an office and overnight accommodation for staff. Residents have access to a communal sitting room, kitchen and dining room. In addition, a smaller communal sitting room is provided for residents to meet their family and friends in private. Residents have access to laundry facilities which are located in a purpose-built shed located in the centre's rear garden. The centre has two upstairs bathrooms which are both equipped with shower facilities, one of which is a walk-in design to ensure accessibility to residents. A further additional toilet is located on the ground floor of the house. The centre has a rear garden which is accessible to residents and also contains additional premises which are part of a day service operated by the provider, but is not part of the designated centre. Residents are supported by a team of social care workers, with two staff members being available during the day and at evening times to meet residents' assessed needs. At night-time, residents are supported by one staff member who undertakes a sleepover duty and is available to provide additional support during the night when needed. In addition, the provider has arrangements in place outside of office hours and at weekends to provide management and nursing support if required by residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

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
Monday 8 August 2022	09:35hrs to 15:20hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This 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 inspector had the opportunity to meet with most of the residents on the day of inspection. Some of the residents chose to speak to the inspector in more detail regarding their experiences of living in the designated centre. The inspector wore a face mask and maintained social distancing as much as possible during interactions with residents and staff.

The inspector saw, on arrival to the designated centre, that it was well maintained and welcoming. The exterior of the house had been recently painted and there were flowers and a bench in the front garden. Residents were seen sitting out on the bench during the course of the inspection. One resident informed the inspector that it was a great spot for people watching. This resident had retired from day service in recent years and spoke positively about the support they received from staff in accessing their local community. They described how some of their activities had been impacted by the COVID-19 pandemic but were hopeful that these would recommence shortly.

Residents told the inspector that it had been difficult during the pandemic but that they were supported by staff to keep in contact with their loved ones. The inspector was informed that there were now no restrictions on visitors to the designated centre. Several of the residents spoke about planned outings with family members and friends in the coming days.

Other residents were seen to access day services and their local community either independently or with the support of staff. Residents were seen to have access to aids and appliances to support them in being as independent as possible in daily living. These included rollators, fall alarm bracelets and panic alarms.

Residents spoke positively regarding the support they received from staff. One resident told the inspector that they had recently had a problem with one of the staff and that they had spoken to the person in charge regarding this. The resident told the inspector that they were satisfied with how the person in charge had dealt with the issue and that they felt safe in their home.

Residents were well informed regarding COVID-19 and the measures that they could take to protect themselves. One resident showed the inspector the mask that they wore when on public transport. Other residents spoke about the importance of physical distancing and of hand hygiene. The inspector was informed by staff that many of the residents took ownership of household cleaning duties and managed their own laundry. Staff described to the inspector how they supported residents to maintain autonomy over these tasks while ensuring they were completed in line with

the provider's policies and procedures.

The inspector saw that staff were wearing appropriate personal protective equipment (PPE) in the centre. Temperature checks were completed of the inspector and of visitors to the centre. Wall mounted hand sanitiser was available inside the front door of the house and there was adequate availability of hand hygiene facilities throughout the house.

The designated centre was clean and homely. Residents had access to a sitting room, kitchen and dining room, several large accessible bathrooms, a utility and their own bedrooms. Resident bedrooms were decorated in line with their personal preferences. Residents appeared comfortable in their home and were seen to use the various facilities to engage in their preferred activities or to make coffee and tea. Resident and staff interactions were seen to be warm and familiar.

Overall, the inspector found that the centre was operating at a high standard for infection prevention and control practices and that the registered provider had implemented measures to protect residents from acquiring a healthcare-associated infection.

The next two 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 inspector found that the registered provider had implemented effective governance and management arrangements to mitigate against the risk of residents acquiring a healthcare-associated infection.

There was a clear reporting structure in place in relation to the management of IPC related risks. The provider had nominated a responsible person at the highest level to have oversight of IPC. Staff were knowledgeable regarding the chain of command and of how to escalate risk to the infection control lead.

There were a series of audits in place in the designated centre which captured general risks as well as IPC related risks. These audits included provider-led audits such as annual reviews and six-monthly unannounced visits, as well as more regular local audits such as a monthly infection control checklist and monthly data reports. These audits comprehensively identified risks in the designated centre and put in place action plans to respond to these risks in a timely manner. For example, the inspector saw that mildew had been identified in one bathroom on the provider's most recent six-monthly audit. An action was put in place to log a maintenance request with technical services in order to address this risk. The inspector saw that

this action had been completed.

There were effective systems in place to document and manage local risks. Local risk assessments had been completed for various risks including the management of laundry, drinking water, Legionnaire's Disease and blood-borne biological risks. The risk assessments detailed comprehensive control measures to manage these risks. The inspector saw that staff had signed off on having read these risk assessments.

Staff were informed regarding the provider's updated IPC policies and procedures. The inspector saw that staff had signed off on having read these updated policies. Staff spoken with also demonstrated comprehensive knowledge of their roles and responsibilities in the prevention of healthcare-associated infections

The inspector saw that there was a centre specific outbreak management plan as well as a contingency planning assessment for COVID-19. These plans had been recently reviewed and updated in line with the provider's policy and current public health guidance. Staff were knowledgeable regarding the process to be followed in the event of a suspected or confirmed case of COVID-19.

There was a well-established staff team in the centre. Several of the staff members had worked in the centre for many years. Staff and residents appeared to know each other well. A review of the roster demonstrated that the staff numbers and skill mix were appropriate to meet the needs of the residents. Gaps in the roster were filled by in-house relief staff. The inspector also saw that the roster was adapted to suit the needs or expressed preferences of the residents. For example, one resident had expressed recently that they wished to visit the Japanese Gardens. The inspector saw that the roster was arranged to facilitate this resident's keyworker working a long day in order to achieve this goal.

There was a high level of training maintained in the designated centre in relation to IPC. It was evident that staff were informed regarding IPC through regular staff meetings and supervisions. The inspector saw that staff meetings discussed resident care plans and IPC related issues. Staff spoken with were knowledgeable regarding the provider's policies, the local operating procedures and risk assessments in place to manage IPC risks.

Quality and safety

The inspector found that residents in this centre were in receipt of a service which was safe and person-centred. Residents were well informed regarding IPC and were provided with education and support to understand the policies and procedures in place in their home.

It was clear, from talking to residents and from reviewing the notes of residents'

meetings, that residents had been provided with information relating to IPC. Residents could describe the measures that they took to protect themselves from COVID-19 both in their home and in the community. Residents understood the need for visiting restrictions when there were cases of COVID-19 in their home. The inspector saw that there was accessible information available to residents in their sitting room on COVID-19.

Residents had also been informed regarding changes to the provider's IPC policy. Changes had been made to the local operating procedures for the management of laundry and linen in order to be in line with the IPC policy. These changes included only having one laundry basket in the utility room at any particular time. The inspector saw that this was discussed at resident meetings and that accessible signage was in place in the utility room to remind staff and residents of this policy.

There was evidence that residents were provided with accessible information in relation to the management of healthcare conditions. Care plans were in place for conditions such as diabetes. These care plans were signed by residents and key staff and detailed the IPC procedures to be followed in the management of these conditions. The inspector saw that residents had also been supported to understand and access relevant healthcare related screenings in line with public health policy.

The designated centre was seen to be very clean and well-maintained. Maintenance issues were addressed in a timely manner. One bathroom had issues with mildew. This had been logged on the provider's most recent six-monthly audit and had been communicated to the relevant stakeholders in order to address this. There were comprehensive cleaning schedules in place which detailed the requirement for cleaning of all areas including less commonly cleaned areas such as skirting boards and the washing machine.

A record of flushing of water systems was maintained. The provider's audits had identified that, due to the low frequency of use of the staff shower, that there was a requirement for this to be flushed and disinfected on a regular basis. The inspector saw that this was being completed.

Residents were active participants in the cleaning of their home. Residents were informed regarding the measures to be taken to present the risk of transmission of infection when cleaning. Staff were available to support residents if required.

There was minimal invasive medical equipment in use in the centre. There was one device which was used to check blood sugar levels. The inspector saw that this was clean and well maintained and that there were appropriate procedures in place for the disposal of sharps and clinical waste. Staff were informed regarding these procedures.

Outbreaks of infectious diseases were identified, managed, responded to and documented in a timely manner. The inspector saw that, when there had been a case of COVID-19 in the house, that this was communicated to residents and that they were reminded of measures to protect themselves. An additional cleaning rota was implemented during outbreaks which detailed the importance of antibacterial cleaning and an increased frequency of cleaning of high touch areas. The inspector

saw that outbreaks were notified to the Chief Inspector in a timely manner and in line with the regulations.

Regulation 27: Protection against infection

The inspector found that the practices in the designated centre were in line with the National Standards for Infection prevention and control in community services (HIQA, 2018).

There were effective management arrangements in place which ensured oversight of IPC in the centre. There was a clear reporting structure in place. Staff were knowledgeable regarding the IPC reporting structure and of how to escalate risks.

Regular provider-led and local audits were completed which comprehensively identified risks. SMART action plans were derived from these in order to respond to risks.

There was documentation available to staff to guide them in managing IPC related risks. This guidance was recently updated and reflected public health guidance and the provider's own policies.

Staffing levels and skill mix were maintained at levels to safely meet the service's IPC needs.

Staff had received suitable training in IPC and were aware of their specific roles and responsibilities in this regard.

There was clear communication from senior management to staff in relation to IPC. Staff were informed through regular staff meetings, supervisions and documentation in the staff room.

The centre was operating a person-centred service which was striving to maintain residents' autonomy in regard to managing their health and their activities of daily living. Residents were informed regarding IPC and the measures to protect themselves from COVID-19. IPC was discussed regularly at resident meetings and residents were provided with education to support them in maintaining their autonomy in areas such as the management of laundry in a safe manner.

Care plans were in place with regard to residents' individual care needs. Care plans detailed the specific IPC measures that staff should be aware of in order to prevent the transmission of infection.

The centre was seen to be very clean, tidy and well-maintained. There were appropriate procedures in place to ensure oversight of day-to-day IPC risks in the

centre.

Any invasive equipment which was required for use by residents in regards of their health needs was seen to be clean and well-maintained.

There were appropriate practices in place for the disposal of sharps and clinical waste.

The inspector saw that outbreaks of infection were identified, managed, responded to and documented in a timely manner.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

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