



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

Issued by the Chief Inspector

Name of designated centre:	Cavan
Name of provider:	Praxis Care
Address of centre:	Cavan
Type of inspection:	Unannounced
Date of inspection:	21 March 2023
Centre ID:	OSV-0001912
Fieldwork ID:	MON-0038894

## About the designated centre

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

The centre provides full-time residential care and support to adults with a disability. The designated centre comprises five bedded terrace house in a housing estate on the outskirts of a town. Residents have their own bedrooms and access a communal bathroom on both the ground and first floors. In addition, residents have access to a sitting room on both floors of the house and a kitchen, dining room, and utility room with laundry facilities. The provider uses the fifth bedroom at the centre as an office space. The centre is located close to local amenities such as shops, with access to additional amenities in the local area being supported by the provider's transport arrangements. Residents receive care from a team of support workers at the centre. At night, a support worker undertakes a waking night duty and is available as and when required to support the residents' needs.

**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 21 March 2023	09:30hrs to 16:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection to monitor and review the provider's arrangements concerning infection prevention and control (IPC). The inspection was completed over one day, and during this time, the inspector spoke with the residents and met with the staff.

Four residents were supported in the service. Three residents had left to attend their day service before the inspector arrived and the fourth resident, who had retired from their day service programme, was relaxing in their home. The inspector said hello to the resident, but the resident chose not to respond.

The inspector met with a resident following their return from their day service. The resident spoke about their activities that day and an activity they would be doing with their family in the coming days. The resident was relaxing in their bedroom at the time of the conversation and appeared comfortable and at ease in their interactions with the staff members supporting them.

The inspector found that, residents had been provided with information regarding IPC practices and control measures, but the residents had a limited understanding of the processes. The information was shared with them via resident meetings. While information had been shared, it lacked detail, and improvements were required.

A review of a sample of residents' information showed that, residents were supported to engage in activities in their local community. Some residents went out for coffee regularly, had dinner out, and, as mentioned earlier, attended their day service programmes. Residents were also supported to maintain links with their family members. A review of the information further showed no current restrictions regarding residents receiving visitors in their home.

The inspection found that, for the most part, that IPC measures deployed by staff protected residents from healthcare-related infections. The resident's home was clean and well-maintained. There were daily cleaning assignments, and there was evidence to show that these were carried out. However, the inspector found that some areas required improvement, such as the storage and maintenance of mop heads and buckets, surface damage to countertops, and ensuring that residents' bed linen was changed when required.

The impact of these issues will be discussed in more detail in the quality and safety section of the report.

## Capacity and capability

The inspection found that the person in charge was responsible for the overall management of IPC practices in the service. The house manager and the other staff members supported the person in charge in ensuring that the IPC practices were effective.

The provider and the management team ensured that the staff team had access to appropriate information. Staff members had access to online information regarding best practices and hard copies of information.

The provider had developed a policy specific to IPC along with guidance on topics such as waste and linen management which will be discussed in the quality and safety section of the report.

A review of current and archived staff rosters showed that the provider maintained safe staffing levels. The staff team comprised the person in charge, a team leader and support workers. Following the review of staff training records, the inspector found that the staff team had received the required training relating to IPC practices and control measures. The provider had also developed their own training in the area that covered topics such as chain of infection, routes of transmission and standard-based precautions, including cleaning.

The inspector was provided with evidence that the provider had been completing reviews relating to IPC practices and control measures. For example, a Legionella risk assessment had been completed, hand hygiene audits were also completed weekly, self-assessment questionnaires regarding IPC had been completed in February, another IPC checklist reviewing IPC practices was completed on the 10.11.22. Furthermore, an annual health and safety audit had also been completed on the 15.03.23.

While it was positive to see that some audits had been completed, the inspector sought information to demonstrate that audits were completed on a more regular basis. At the time of the inspection, the person in charge explained that there were no other audits. However, the following day, the person in charge explained that there was an online audit that they had failed to produce for review. The person in charge submitted a sample of these, and the inspector reviewed them and found that, overall, there were some improvements required as the audits had not identified the issues found during the inspection.

The inspector spoke with a staff member about how they would respond to suspected or confirmed cases of a healthcare-related infection such as the COVID-19 virus. The staff member gave a detailed account of the steps they would take. The response aligned with the COVID-19 management plan created for the service. The plan gave the staff team information on how to support residents and complete IPC practices and ensure that IPC control measures were effective in the event of an infection outbreak.

## Quality and safety

As mentioned earlier, there was evidence that residents had been provided with some information regarding IPC practices and the COVID-19 pandemic however, there were improvements required as the information provided to the residents was limited. Modifications were also needed to capture the work completed with residents to show that they were involved in decision-making regarding their care relating to IPC.

The inspector did find that residents had been supported to access healthcare professionals when required. The changing needs of some of the residents were under close review. There was evidence of a range of healthcare professionals being involved in the review and a plan of action being devised to support the residents.

Throughout the inspection, staff members were observed to follow standard-based precautions. Staff members were wearing appropriate personal protective equipment (PPE) and engaging in cleaning tasks. As mentioned earlier, daily cleaning assignments were identified for staff members to complete each day. The residents' home was clean, but there were some improvements required. The inspector observed that for the most part residents' bedrooms were clean however, the inspector saw that bedsheets in one of the residents rooms were soiled. The inspector showed this to the person in charge, who explained that the sheets should have been changed when supporting the resident with their morning routine. The person in charge immediately changed the sheets. The residents' bedrooms received a deep clean on a weekly basis, but there were improvements required to ensure that residents' bed linen was checked and changed when required.

The inspector, during the walk through the residents' home, noticed that mop buckets and mops were stored at the back door. The mop heads were sitting on top of the mop buckets. This did not demonstrate effective IPC and cleaning and disinfecting practices. The person in charge informed the inspector that, a cabinet where the mops were previously stored had recently collapsed and the person in charge had ordered a new cabinet. The inspector noted that the mop heads had been signed off as having been washed the previous night however, they had then been left to sit outside, which defeated the purpose of cleaning them. The inspector identified that the mop and mop buckets could not remain where they were, and the person in charge moved them all to the utility room. The inspector also found that there was minimal surface damage to a countertop in the kitchen. Whilst minimal, the damage impacted the staff team's ability to clean the area effectively, posing an IPC risk.

As mentioned earlier, the provider had developed an IPC policy. Within the policy, there were a number of standard operating procedure guidelines on areas including laundry and waste management, handwashing, PPE and donning and doffing. The review of these showed that they were in line with current guidelines. There were also guidelines on the cleaning equipment for staff to review.

In summary, while some areas required improvement, the provider ensured that the staff team employed good IPC practices in the residents' home and that residents were safeguarded from infection.

## Regulation 27: Protection against infection

The provider and staff team had, for the most part, followed and implemented effective IPC practices. Some areas required improvement. The issues with the mops, poor storage and cleaning of mop heads posed a risk to cleaning and disinfecting practices.

The arrangements for checking and changing bed linen when required also needed to be improved.

While the surface damage to the countertop in the kitchen was limited, it did pose a risk as the area could not be appropriately cleaned despite the staff team's best efforts.

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 Cavan OSV-0001912

Inspection ID: MON-0038894

Date of inspection: 21/03/2023

## 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> <p>The registered provider will ensure the required improvements to IPC practices are implemented through the following measures:</p> <ul style="list-style-type: none"> <li>• PIC has ensured that a new storage unit for mops and buckets was ordered. The estimated date of delivery for the new storage unit is 28/4/2023, in the meantime mop buckets and mops heads are currently stored in the utility room as a safe and effective interim measure. PIC will bring to the staff meeting the importance of adequate disinfecting practices during April 27th staff meeting and include in handover also. DATE: 10/05/23</li> <li>• The PIC has ensured that the daily task checklist has been amended to highlight the requirement for daily visual check's on all bed linen to ensure best practice. Communication regarding such changes will be discussed via staff meeting on the 27th of April and through staff communication book and staff supervision. DATE: 10/05/23</li> <li>• The PIC will ensure that suitable laminate covering is sourced and applied to the counter surface top to rectify the damage and allow appropriate cleaning. Discussion with staff regarding the reporting of any known defects via the service's maintenance book. Date: 10/05/23</li> <li>• The PIC will ensure information shared with residents via meetings contains the required detail and evidences their involvement in decision making relating to IPC. Date: 10/05/23</li> <li>• The PIC will ensure audits relating to IPC are completed thoroughly and provide an accurate assurance of the centre. Date: 10/05/2023</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	10/05/2023