



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

Issued by the Chief Inspector

Name of designated centre:	Praxis Care Rush
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0003417
Fieldwork ID:	MON-0035992

About the designated centre

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

Praxis Care Rush is a residential centre which can accommodate two adult residents with an intellectual disability and autism. The centre is a two bed roomed bungalow which also comprised of a kitchen-cum-dining room, living room and sensory room. There is a small back garden to the rear of the property. It is situated in a coastal town in County Dublin and close to local amenities such as local beach, shops, restaurants, library, cinema, bowling and activity centre, and bus routes. Residents are supported by staff 24 hours a day, seven days a week. The staff team comprises a person in charge and support workers. Staffing in the centre is adjusted in line with residents' assessed needs .

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 21 September 2022	10:30hrs to 16:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

This inspection was unannounced and was completed to inspect the arrangements the registered provider had put in place in relation to infection prevention and control.

From what the inspector observed, there was evidence that the registered provider had put in place systems and arrangements which were consistent with the National Standards for infection prevention and control in community services. Overall, this promoted the protection of residents who may be at risk of healthcare-associated infections. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed.

The centre comprised of a three bedroom bungalow. It was located on the outskirts of a town in county Dublin and within walking distance of a range of local amenities. The centre was registered in July 2021 to accommodate two adult residents who transitioned to the centre soon after opening. There were no vacancies at the time of this inspection.

The inspector met with one of two residents on the day of inspection. The second resident was attending their day service placement and other activities. The resident present spoke briefly with the inspector and indicated that they were happy living in the centre, that staff were kind to them and that the food was 'good'. This resident also stated that there wasn't anything that they would like to change in their life.

One of the residents was engaged in a formal day service programme whilst the other resident had an individualised programme of care and supports from the centre. This resident was engaged in a voluntary community group where he engaged in wood work activities and life skills training on two days per week. The two residents had been living together since the centre opened and were considered to get along well together. There were no safeguarding concerns in the preceding period.

The centre was found to be comfortable, homely and in a good state of repair. In general all flooring, furniture and soft furnishings in the centre were relatively new. There was a small amount of worn paint on one wall in the staff office and behind the bin in the kitchen but all other areas were in a relatively good state of repair. This meant that areas could easily be cleaned from an infection control perspective. Both of the residents had their own bedroom. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences. The bedrooms had been personalised to the individual resident's tastes and were a suitable size and layout for the resident's individual needs. For example, one of the residents bedrooms were adorned with soft furnishings depicting the residents favourite football team. One of the residents had ensuite facilities whilst the other resident had sole use of the main bathroom. Pictures of the resident and

important people in their lives and other memorabilia were on display.

All areas in the centre appeared clean and tidy. Cleaning in the centre was the responsibility of the staff team. There were detailed checklists in use by the staff team and records were maintained of areas cleaned. The inspectors found that there were adequate resources in place to clean the centre.

The inspector did not have an opportunity to meet with the relatives of any of the residents but it was reported that they were happy with the care and support being provided in the centre. The provider had recently completed a survey with residents and relatives as part of its annual review. It was reported that these indicated that the residents and relatives were happy with the quality of the service being provided. There was evidence that the residents and their representatives were consulted and communicated with, about infection control decisions in the centre and national guidance regarding COVID-19.

The full complement of staff were in place at the time of inspection. The majority of the staff team had been working in the centre for an extended period. This provided consistency of care for the residents.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered in respect of infection prevention and control arrangements.

Capacity and capability

There were management systems and processes in place to promote the service to deliver safe and sustainable infection prevention and control arrangements. It was noted that there had been a high number of changes in the position of person in charge since the centre had opened in July 2021. This had the potential to be unsettling for the staff team and residents. However, the core staff team had remained unchanged which provided consistency of care for the residents.

The centre was managed by a suitably-qualified and experienced person. He had taken up an interim position as person in charge in this centre pending the appointment of a new full time person in charge. The interim person in charge was in a full time position but was also responsible for another designated centre and a supported living arrangement located a relatively short distance away. He had been working with the provider for more than 13 years, with eight of those years being in management positions. He presented with a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for each of the residents in this regard. The person in charge held a diploma in Health and Social Care which included a module in management. The interim person in charge had regular formal and informal contact with his manager.

There was a clearly-defined management structures in place that identified lines of accountability and responsibility for infection prevention and control. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the head of operations who in turn report to the director of care. The person in charge and head of operations held formal meetings on a regular basis.

There was evidence that infection prevention and control had been prioritised by the registered provider and the highest levels of management within the organisation. There had been a recent outbreak of COVID-19 in the centre impacting staff and residents. A review had been completed and recorded post this outbreak which considered what had worked well and areas for improvement. Overall, the risk of acquiring or transmitting the infection had been well controlled in the centre. An assessment had been conducted at the onset of the outbreak which included a consideration to possible causes. There was a COVID-19 contingency and outbreak plan in place which had been reviewed in August 2022.

The registered provider had a range of policies, procedures and guidelines in place which related to infection prevention and control. These were found to reflect national guidance, including Government, regulatory bodies, the Health Service Executive (HSE), and the Health Protection Surveillance Centre (HPSC) guidance. Organisational risk assessment for infection control risks had been completed. Scenario model and potential action plans were in place in the event of an outbreak.

Regular audits and checks were completed in the centre which considered infection prevention and control. These were found to be comprehensive in nature and there was clear evidence available to demonstrate that they had brought about positive changes in the centre. An annual review of the centre was being completed and six monthly unannounced visits ad been completed. These considered infection prevention and control across a number of key areas considered by the registered provider.

There were effective systems in place for workforce planning which ensured that there were suitable numbers of staff members employed and available with the right skills and expertise to meet the centre's infection prevention and control needs. The full complement of staff were in place at the time of inspection.

The staff team were found to have completed training in the area of infection prevention and control. The inspector found that specialist supports were available to the staff and management teams from the HSE should it be required and contact information relating to these supports were documented in the centre.

Quality and safety

The residents appeared to receive person-centred care and support whereby the residents were well informed, involved and supported in the prevention and control

of health-care associated infections.

Residents were provided with appropriate information and were involved in decisions about their care to prevent, control and manage healthcare-associated infections. Infection prevention and control, including updates on the COVID-19 pandemic were discussed at regular intervals with individual residents and at residents meetings.

There were arrangements in place for the laundry of resident's clothing and linen. There were suitable domestic and recycling waste collection arrangements in place. There was no clinical waste in use. Waste was stored in an appropriate area and was collected on a regular basis by a waste management service provider. There were arrangements in place for the management of maintenance issues and staff members reported that generally maintenance issues were promptly resolved in the centre.

There was a COVID-19 contingency and outbreak plan in place which reflected national guidance. It contained specific information about the roles and responsibilities of various individuals within the centre and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. A review had been completed post a recent outbreak in the centre. This considered the potential source, potential cause and effectiveness of infection control arrangements. This provided opportunities for learning to improve infection control arrangements and enabled learning to be shared across the organisation.

The inspector found that there was sufficient resources and information available to encourage and support good hand hygiene practices. Environmental and hand hygiene audits were undertaken at regular intervals. Specific training in relation to COVID-19 and infection control arrangements had been provided for staff. Posters promoting hand washing were on display.

Regulation 27: Protection against infection

The inspector found that the registered provider had developed and implemented effective systems and processes for the oversight and review of infection prevention and control practices in this centre. Overall, the inspector found that the centre appeared clean and in a good state of repair. There was a COVID-19 contingency and outbreak plan in place which reflected national guidance.

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