



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

Issued by the Chief Inspector

Name of designated centre:	Brookfield
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	17 November 2022
Centre ID:	OSV-0005686
Fieldwork ID:	MON-0035996

About the designated centre

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

Brookfield is a community home for up to five adults with an intellectual disability. The service can support both male and female residents. The house is located in County Dublin and is a two-storey detached home with six bedrooms. It has been recently renovated to meet the needs of residents residing in the centre. Each resident has their own bedroom with an en-suite bathroom. There is a sitting room, quiet room, downstairs toilet and a spacious kitchen/dining/living area. There is also a separate utility room in the back garden. The back garden has been adapted to meet residents' needs. The house is located in close proximity to public transport and a wide variety of social, recreational, educational and training facilities. The house is social care led and residents are supported 24 hours a day, seven days a week.

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
Thursday 17 November 2022	10:00hrs to 15:00hrs	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 two storey, six bedroom house. It was located in a quiet residential estate and within walking distance of a range of local amenities. The centre was registered to accommodate five adult residents. However, there was one vacancy at the time of inspection and consequently there were four residents living in the centre. There were no plans for any further admissions.

The inspector met with three of the four residents on the day of inspection. Each of these residents told the inspector that they were happy living in the centre, that staff were kind to them and that the food was 'good'. One of the residents was completing a creative writing course, in addition to an Irish language course which it was reported that he was enjoying

Three of the four residents were engaged in a formal day service programme whilst the other resident had chosen not to engage in a formal programme but was encouraged by staff to engage in some activities. The four residents had been living together for an extended period and were considered to get along well together.

The centre was found to be comfortable, homely, accessible and overall in a good state of repair. However, the surface of the hob in the kitchen appeared worn, there was a small amount of worn paint in one of the ensuite bathrooms and the tile grouting in another ensuite appeared stained and worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective. Each of the residents had their own bedroom and ensuite facilities. 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 resident's bedrooms had been equipped with assisted technology to allow the resident to open their bedroom door and the doors to the back garden independently. Pictures of each 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 and records

were maintained of areas cleaned. The inspector 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 completed a survey with residents and relatives as part of its annual review. 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 majority of the staff team had been working in the centre for an extended period. However, there was 1.7 whole-time equivalent staff vacancies at the time of inspection. These vacancies were being covered by a regular small number of agency staff and recruitment was reportedly underway for the position. This provided some 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.

The centre was managed by a suitably-qualified and experienced person. The person in charge was not on duty on the day of this unannounced inspection but spoke with the inspector over the phone. She 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.

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 previous 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 quality and safety of care and six monthly unannounced visits had 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. Residents were observed to clean their hands on arrival back to the centre from being out in the community. Arrangements remained in place to monitor each of the residents temperatures and for any symptoms of COVID-19.

There were arrangements in place for the laundry of residents' 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 previous 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. There was a COVID-19 contingency and outbreak plan in place which reflected national guidance. Overall, the inspector found that the centre appeared clean and in a good state of repair. However, the surface of the hob in the kitchen appeared worn, there was a small amount of worn paint in one of the ensuite bathrooms and the tile grouting in another ensuite appeared stained and worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

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 Brookfield OSV-0005686

Inspection ID: MON-0035996

Date of inspection: 17/11/2022

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> <p>The surface of the HOB was worn :</p> <p>The old hob was replaced with a new hob on the 07/12/2022</p> <ul style="list-style-type: none"> • Small amount of worn paint in one of the en-suite bathrooms : Worn painted areas in en-suite Bathroom #1 and #2 are to be repainted. To be completed by 31.01.2023 • Grouting in en-suite Bathroom #5 to be cleaned and re-grouting to occur. To be completed by 31.01.2023 	

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	31/01/2023