

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

Issued by the Chief Inspector

Name of designated centre:	Woodlands
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	16 September 2022
Centre ID:	OSV-0005687
Fieldwork ID:	MON-0035825

About the designated centre

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

Woodlands is a full-time residential service, providing care and support to four male adults. It is situated within a short walking distance to a large town in Co. Monaghan. The property comprises of four bedrooms. There are two living rooms, a kitchen and a dining room, a sun room, a laundry room, a communal bathroom, a storage area and a large garage. Residents have access to amenities such as shopping centres, restaurants, bars and cafes. Residents receive support on a twenty-four hour basis from a team of 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
Friday 16 September 2022	09:00hrs to 14:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor and inspect the arrangements the provider had in place for the management of infection prevention and control (IPC) in the centre. The inspection was completed over one day and took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

On arrival to the centre, the inspector was met by a member of staff who took the inspectors temperature and went through some questions related to COVID-19. The staff member was wearing a mask and directed the inspector to the hand sanitisers and masks available at the entrance of the centre.

Some of the residents were enjoying a lie on in bed and one resident was on their way out to a day service. With the support of a staff member, this resident spoke to the inspector for a short time about how long they had lived in the centre. They said that they liked living there. The staff was observed to support the resident in a very patient manner, allowing the resident time to speak and express their opinions.

Another resident was in the middle of preparing some breakfast for themselves independently. While another was getting ready to go to the shops and meet some friends that morning. The inspector observed that the interactions between staff and residents was warm, jovial and very natural.

The centre was for the most part clean, but the property was in need of a number of updates. These had been identified through the providers own audits and were at the planning phase at the time of this inspection, the inspector was satisfied that these areas were being addressed. However, some other areas were also identified on this inspection that had not been identified by the provider. For example; the inspector observed that the tiled floor in the hallway needed to be cleaned as the grout in between was black in some areas. The laundry and storage areas in the centre needed to be cleaned and the storage of items particularly personal protective equipment (PPE) needed to be addressed as the inspector was not assured that the garage space was an appropriate space to store these items.

The kitchen was visibly clean but the inspector noted that the presses were in need of an update. The inspector was informed that the registered provider was addressing this and had quotes for this work to be completed.

Each resident had their own bedroom, three of which had en suite bathrooms. The residents and staff were observed cleaning them on the day of the inspection and were observed wearing gloves and aprons while carrying out this task.

The provider had enhanced the cleaning schedules in place in the centre since the COVID-19 pandemic had begun. Records were maintained to verify this and while staff spoken with were for the most part, clear about what cleaning was required to

reduce the risk of cross contamination in the centre, not all were sure about the policy for washing mop heads after they had been used.

Two other residents met with the inspector to talk about what it was like living in the centre. Both of the residents reported that they loved living there. They liked the staff and said that they could talk to staff about any concerns they had. Residents also expressed that they were supported to be independent and were comfortable expressing their own individuality which staff really respected. One of the residents told the inspector about how they had become more independent since moving here and now went to mass, out for walks and to the shops on their own. The resident also spoke about talking to their neighbours while they were out on walks. This was also observed by the inspector.

The residents appeared to have very active lives during the day and one was completing a computer course. Family links were also maintained in line with the residents preferences, residents spoke about meeting up with family, ringing them regularly and visits home.

The residents were fully informed about the arrangements in place around COVID-19 and were kept up to date through residents meetings. Both residents spoken with said that they had been happy to receive the COVID-19 vaccinations.

Residents meetings were held every month in the centre which included an agenda that residents could add to when they wanted to discuss something. During these meetings residents were informed about rights, keeping safe and advocacy services. It was also an opportunity for residents to bring up suggestions they had. The inspector found from reviewing some of the minutes, that actions agreed at meetings were followed up with the residents at the next meeting to ensure they had been addressed. This was a good example of how the residents voices' were listened to and acted on in the centre.

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, the inspector observed that the governance and management arrangements in the centre required improvements at the time of this inspection as the audits in place regarding IPC were not comprehensive and did not address some IPC issues in the centre.

In assessing compliance, the inspector also took into consideration that the registered provider was instigating some changes to IPC practices in the

organisation on foot of other IPC inspections conducted in other designated centres operated by this provider. This was ongoing at the time of this inspection.

The provider had a policy in place to guide practice on IPC measures in the centre. This policy had been updated in July 2022. The provider also had other comprehensive policies detailing for example; how laundry should be managed.

The provider had some audits in place to review IPC issues in the centre, this included environmental audits and hand hygiene audits. However, the inspector found that although the environmental audits were completed every month, they did not include all IPC controls that were outlined in the providers own policies. For example; the environmental audit included checking laundry facilities in the utility room. However, the laundry facilities were in the garage and the providers own policy stated that the laundry areas should include hand washing facilities. This was not the case on the day of the inspection even though it had been assessed as compliant in the environmental audits completed in the centre.

In addition, the environmental audit covered predefined areas/rooms on a computer generated form, however, this was not based on the layout and design of this centre. For example; the garage was not included even though there were items concerning IPC stored there. These audits needed to be reviewed.

Staff had been provided with infection control training including hand hygiene, donning and doffing of personal protective equipment and standard infection control precautions. Some refresher training was due to be completed and the person in charge had plans to address this at the time of the inspection.

Staff spoken with said they felt supported in the centre and had regular supervision and meetings to raise concerns should they need to.

There was a planned and actual rota maintained in the centre. The inspector found on some days that staffing levels had been reduced in the centre however, this was no longer an issue at the time of this inspection.

Quality and safety

Overall, the inspector found that residents were informed about issues related to COVID-19. The centre was for the most part clean with the exception of some areas, and the premises was in need of modernisation.

As stated the centre was spacious and for the most part clean. However, some improvements were required, all of which posed a potential infection control risk.

The list of those observed by the inspector included:

the laundry facilities were not in line with some of the requirements outlined in the providers own policy
the storage areas needed to be risk assessed to ensure that there were suitable for their intended purpose
the hall tiles needed a deep clean as the grout was black in some areas.

The registered provider also had a plan to complete updates to the premises which included painting all of the bedrooms, renovating a toilet downstairs into a shower room and installing a new kitchen. The inspector was shown records to demonstrate that these works were due to be addressed in the coming months.

There was a separate area to launder clothes. Staff were aware of the correct temperature of the wash cycle and informed the inspector that they wore gloves and aprons when handling laundry.

There was adequate supplies of PPE stored in the centre for routine daily use and emergency supplies were also available, should there be an outbreak of infection in the centre.

Residents had personal plans in place which included an assessment of need. There were support plans in place to support the residents needs. Residents were regularly monitored for changes in their presentation in relation to COVID-19 and written plans were in place to guide practice and support residents should they need to self isolate.

Staff had been provided with hand hygiene training. Weekly audits were conducted by the person in charge to assure compliance in this area. Staff were clear about standard precautions to be followed when a resident displayed potential symptoms of COVID-19 in the centre. They were also able to talk through how they would manage spills in the centre and the equipment needed to clean the area afterwards.

The provider had systems in place for the management of waste. Pedal bins were provided in all rooms. There was a system to manage general waste and a procedure in place for the management of clinical waste should this be required.

The inspector reviewed a number of IPC related checklists and audits which informed that cleaning activities were being undertaken on a regular basis by staff working in the centre. These covered routine cleaning tasks such as regular cleaning of the floors and resident's bedrooms, but also included schedules for weekly deep cleaning tasks and daily touch point cleaning and disinfection, in order to support the prevention of infection transmission.

In addition, while the provider had systems in place to clean areas in the centre such as, colour coded mops and buckets, the staff were not clear about when the mop heads should be cleaned.

Regulation 27: Protection against infection

While the provider had systems in place to clean areas in the centre such as, colour coded mops and buckets, the staff were not clear about when the mop heads should be cleaned.

Some improvements were required in the premises, all of which posed an infection control risk. The list of those observed by the inspector included:

- the laundry facilities were not in line with some of the requirements outlined in the providers own policy
- the storage areas needed to be risk assessed to ensure that there were suitable
- the hall tiles needed a deep clean as the grout was black in some areas.

The registered providers audits in relation to IPC measures were not comprehensive and did not align with some of the controls required as outlined in their own organisational policies.

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 Woodlands OSV-0005687

Inspection ID: MON-0035825

Date of inspection: 16/09/2022

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 Registered Provider has ensured that the hall tiles have been deep cleaned. Date: 19/9/22. • There has been a plan in place for certain areas of the flooring to be re-grouted. Date: 31/12/22 • The PIC will ensure that laundry and storage areas are added to the cleaning schedule to ensure that these areas are cleaned frequently in line with IPC requirements. Date: 31/10/22 • The Registered Provider will ensure that a more appropriate storage method will be used for storing PPE in the garage and surplus PPE will be re-located. Date: 31/12/22 • The Registered Provider will ensure that the following works to update and modernize the property will be completed to the property by 31/1/23: <ol style="list-style-type: none"> 1- Painting of all service users bedrooms 2- Installing new kitchen cupboards and a new kitchen floor 3- A new work top, flooring and sink will be placed in the garage. • The PIC has communicated with all staff the policy re washing MOPS at a staff meeting and this is now included in the cleaning schedule. Date: 21/9/22 • The Registered Provider will review our existing audits undertaken in the centre, in relation to IPC to ensure all areas are reported in line with Praxis care policies. The Registered Provider will support staff to fully complete the EAT (Environmental Assurance Tool) ensuring they incorporate all locations that form part of the centre. Date: 31/1/23 	

- The Registered Provider will ensure infection control refresher training is completed by all staff who require this 31/10/22

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