



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

Issued by the Chief Inspector

Name of designated centre:	Arlee Respite Service
Name of provider:	Praxis Care
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	14 July 2022
Centre ID:	OSV-0005817
Fieldwork ID:	MON-0035815

## About the designated centre

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

Arlee respite service provides planned residential respite breaks in a safe and welcoming "home from home" to adults between the ages of 18 and 65 years with an Intellectual disability and low support needs who are assessed as requiring residential respite. A person-centered approach to service users' needs is implemented, and each person will have a named key worker. Arlee respite service provides planned residential respite for a maximum of 4 adults at any one time, with staff available 24 hours per day. Arlee respite is a large two-story building with seven bedrooms. The centre is located on the outskirts of a busy town, and the residents have access to numerous amenities during their respite stays.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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 14 July 2022	09:45hrs to 17:15hrs	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, went through a range of questions related to COVID-19 and directed them to the hand sanitisers, masks and gloves in the centre.

One of the residents was on their way out to a day a service and was observed wearing a face mask as they left the centre. The other two residents were having a lie on in bed which was something they enjoyed doing when they were on their respite break.

The centre was for the most part clean, but the property was in need of a number of updates. On a walk around of the centre a number of issues were observed to require attention as they potentially could cause an infection control risk. The inspector observed that some flooring needed to be replaced or repaired. There were cracks observed in tiles in some of the bathrooms, the saddle boards in one of the offices needed to be repaired as it was broken, the radiator in the games room had paint peeling off it, the utility room and storage areas in the centre needed to be cleaned and the storage of items particularly personal protective equipment needed to be addressed as they were not stored appropriately.

The kitchen was clean but some of the presses and storage areas were worn and in need of repair or replacement. The inspector was informed that the registered provider was addressing this and was sourcing quotes for this work at the time of the inspection.

Each resident had their own bedroom with en suite facilities. The bedrooms and ensuite bathrooms were clean and staff were observed cleaning them on the day of the inspection. The staff were observed wearing gloves and aprons at this time.

There were a number of communal spaces in the centre where residents could relax in or, engage in a range of activities. One of the residents showed the inspector around the downstairs part of the property and spoke about some of the activities they liked to do when they were availing of respite. There were pictures on the wall depicting some of the activities the residents got to engage in. For example; an Easter party had been held and the resident told the inspector that this had been a really great event. The resident also explained that the party had been a fund raising event and some money had been raised to do some work in the garden.

The inspector met and spoke with staff who were on duty throughout the course of

the inspection, and spoke to two of the residents who were receiving respite care. Both of the residents said that they were very happy, liked the staff and in general enjoyed their respite breaks. The inspector observed that the interactions with staff and residents was warm friendly and jovial. It was clear that residents got to choose what they wanted to do when they availed of respite. Each time a resident began their respite stay, staff sat with them and asked them about activities or meals they would like during their stay. The residents informed the inspector about this and said that they were happy and could choose activities they liked.

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 were for the most part, clear about what cleaning was required to reduce the risk of cross contamination in the centre, some were not all sure about the policy for washing mop heads after they had been used.

Staff were aware of the procedures to be followed in the event of a resident being suspected of having COVID-19 in the centre. However, the records stored in relation to this were not always clear, particularly if a resident could not be discharged from the centre. A number of improvements were also required to the records stored in relation to this to include; individual isolation plans for each resident where required.

There was numerous hand sanitisation points throughout the building and all sinks had a supply of soap and disposable towels. However, there were no towels in the residents en suite bathrooms on the day of the inspection. Access to hand sanitisers was also limited in some areas. For example; upstairs on the corridor there was no hand sanitising gels. This was not in line with the providers own policy which stated that these gels should be easily accessible to staff. The inspector also noted that the water temperature in the utility room where hand washing was carried out was not very warm. This was reported to the maintenance department by the staff on the day of the inspection.

An adequate supply of storage areas were available in the centre, however the storage of paper hand towels, and personal protective equipment needed to be reviewed as it was observed there were stored in an area where there was a risk of cross contamination. In addition, some of the storage areas were cluttered and disorganised.

The fridge was clean and procedures were in place to mitigate the risk of infection. For example; food opened in the fridge was labelled with the date it was opened. The temperature of the fridge and freezer were recorded daily and any food cooked in the centre was probed to ensure that it was at the correct temperature before serving it to the residents.

The residents spoke about cooking some meals in the centre with staff. They informed the inspector that they could choose to have something to eat or drink whenever they wished in the centre and liked the meals prepared there.

Residents were kept informed through weekly meetings about COVID-19. One of the residents spoke to the inspector about wearing a mask when they went out in the community. They were also aware that if they were feeling unwell prior to coming

into respite that they were not able to attend the centre.

Overall residents reported that they were very happy in this centre, when they availed of respite care and said that it was a time for them to relax and also do some activities when they were there. In general the care and support being provided was to a good standard. However, the inspector found that a number of improvements were required to the infection prevention and control measures in place in the centre so as to mitigate potential infection control risks 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. The policy on infection control required review, as did the oversight and review of IPC measures in the centre. Additionally, some of the records available did not specifically guide staff practices in relation to IPC systems in place in the centre.

The provider had a policy in place which was intended to guide practice on infection and prevention control measures in the centre. This policy was last updated on 04 July 2022. However, the inspector found that this required review as some of the guides provided were not up to date. For example; within the policy staff were guided to specific links to guide their practice for specific infection control precautions, however, these links led the reader to information that was written in 2013. This did not assure the inspector that the most up to date information was available to staff.

The policy outlined the roles and responsibilities for the management of IPC starting with the chief executive officer who had overall responsibility to the person in charge and staff. However, Praxis Care Quality & Governance Department has corporate responsibility for the overarching IPC Policy & Procedure and their roles and responsibilities were not clearly outlined in the policy.

At the time of the inspection both the person in charge and the person participating in the management of the centre were on planned leave. In instances where this occurred a 'buddy system' arrangement was in place whereby the person in charge and person participating in the management of other designated centres would be available to staff in this centre. These managers were available if staff required support during this time. Both of these buddy managers facilitated this inspection.

However, the inspector was not assured that this arrangement was adequate. For

example; a number of records could not be found on the day of the inspection. Staff in the centre were not aware of recent changes to IPC guidelines. Staff were unsure about where some of the PPE (required in the event of a resident needing to isolate in the centre) was stored. The roles of the person in charge had not been reassigned to another member of staff in the centre while the person in charge was on leave. For example; weekly hand hygiene audits were to be conducted with staff and this had not been completed. This did not provide assurances that the governance and management arrangements were effective at the time of this inspection.

A shift lead was assigned for each shift in the centre who was responsible for ensuring that infection control procedures were adhered to. Staff were monitoring for signs and symptoms of COVID-19 for residents and staff. Some of the records viewed had not been signed by the staff members. For example; the staff were to sign each day a declaration at least every five hours stating that they had no symptoms, however these had not all been completed.

There were planned rotas available in the centre. However, the actual rotas worked were not available. The planned rota for the week of the inspection were poorly maintained and not legible. The inspector could not assess whether the staffing levels in the centre were always appropriate to the needs of the residents because of this.

While the provider had numerous audits and reviews conducted in the centre in relation to the care and support being provided; the inspector was not assured that the provider had effective systems in place to monitor and review all IPC measures in the centre. For example; there was no specific comprehensive audit that looked at all IPC measures in the centre which may have highlighted some of the issues found on this inspection such as the storage of PPE. The provider conducted environmental audits every month which looked at a number of areas including bathrooms, whether equipment was visibly clean, the management of laundry and some cleaning carried out in relation to the utility area, however none of these audits had identified the issues found on this inspection.

The provider also had contingency plans to manage/prevent COVID-19 in the centre. This plan stated that a senior manager should be informed when there was a suspected case of COVID-19 in the centre. This had not been done on the day of the inspection and therefore no advice had been provided in order to assess whether further actions were warranted. This was followed up by staff on the day of the inspection.

Staff had been provided with training in a suite of infection control training including hand hygiene, donning and doffing of personal protective equipment and standard infection control precautions.

## Quality and safety

Overall, the inspector observed that the centre was for the most part clean with the exception of storage areas. Improvements were also required in number of areas including the records maintained.

As stated the centre was spacious and for the most part clean. However, a number of improvements were required, all of which posed an infection control risk. One improvement (the kitchen) had been identified through the providers own audits of the centre. The list of those observed by the inspector included:

- The utility room required an update as some areas were dusty and dirty.
- Some of the flooring, both downstairs and upstairs needed to be replaced or repaired.
- The paint on a radiator in the games room was peeling.
- Some floor and bathroom tiles were cracked.
- The skirting board in the staff room was loose.
- The saddle board leading into the office needed to be fixed.

The storage of PPE required review as some of the storage areas were not clean which could pose an infection control risk. This was addressed by managers on the day of the inspection to mitigate the risk and the provider had arranged for the installation of shelving to improve the storage of PPE.

There was a separate utility room 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. However, it was not clear from talking to two staff members what the procedure was for managing soiled linen. There was also limited laundry baskets in order to transport laundry from one area to another.

There was adequate supplies of personal protective equipment stored in the centre for routine daily use. The managers on the day of the inspection informed the inspector that a small supply of additional PPE should also be maintained in the event of an outbreak. However, it was not clear where this PPE was stored. When it was found the inspector was not assured that the storage arrangements were appropriate or clean. This could pose a risk of cross contamination. In addition, the PPE was stored downstairs in the centre and was not easily accessible upstairs where staff were handling laundry, assisting with direct care and cleaning rooms.

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. However, there was no isolation plans in residents' personal plans to guide practice.

The inspector found that while there were contingencies in place to manage an outbreak of COVID19 in the centre, the records were not really streamlined to reference the management of this while residents were receiving respite care. This

needed to be addressed to ensure that practices were consistently implemented.

Staff had been provided with hand hygiene training. Weekly audits were conducted by the person in charge to assure compliance in this area. However some of the standard precautions that should be in place were not. For example; hand sanitising gels were not readily available in all areas of the centre. Anti- bacterial wipes were not in place in the office in order to clean computers, or other communal equipment and the hot water supply in the utility room required review.

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 providers policy outlined the requirement to conduct regular risk assessments of infection control in the centre. The risk register for the centre included a risk assessment for acute infections, however, this was not comprehensive and required review.

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.

The provider had risk management systems in place to manage legionnaires disease. This included maintenance checks and flushing out infrequently used water outlets. The inspector found that this was being completed each week in different locations where showers had not been used. However, two of the showers in the centre were never used, the staff informed the inspector that these showers were flushed out regularly to prevent the risk of legionnaires disease. However, the records did not state how regularly this should take place.

In addition, as stated earlier in this report the risk assessment in place for to mitigate infection control risks in the centre was not comprehensive.

## Regulation 27: Protection against infection

The IPC policy needed to be reviewed to ensure that it included the roles and responsibilities of all staff members and to provide guidance on up to date evidenced based practice.

The provider needed to review the governance and management arrangements in the centre when the person in charge was on leave to assure effective oversight of IPC arrangements.

The inspector was not assured that the reviews and audits conducted in the centre by the registered provider included a comprehensive review of all IPC measures.

The risk assessment for the management of infection control was not comprehensive.

Staff were unsure about when or how often mop heads needed to be cleaned in the centre.

The storage of PPE required review as some of the storage areas were not clean which could pose an infection control risk.

Access to PPE, hand sanitising gels, antibacterial wipes needed to be reviewed.

The hot water supply in the utility room was only lukewarm on the day of the inspection.

Some of the records in respect of COVID-19 needed to be reviewed in relation to isolation plans and what actions were required when a resident could not be discharged from the centre.

There were a number of improvements required to the premises all of which posed an infection control risk which included:

- The utility room required an update as some areas were dusty and dirty.
- Some of the flooring, both downstairs and upstairs needed to be replaced or repaired.
- The paint on a radiator in the games room was peeling.
- Some floor and bathroom tiles were cracked.
- The skirting board in the staff room was loose.
- The saddle board leading into the office needed to be fixed.
- Two of the showers in the centre was not used, the staff informed the inspector that these showers were flushed out regularly to prevent the risk of legionnaires disease. However, the records did not state how regularly this should take place.

The system for managing laundry in the centre needed to be reviewed.

There was no actual rota available in the centre and some of the planned rotas viewed were illegible.

Judgment: Not 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	Not compliant

# Compliance Plan for Arlee Respite Service OSV-0005817

Inspection ID: MON-0035815

Date of inspection: 14/07/2022

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Infection Control Policy:</p> <p>The Registered Provider has ensured that the IPC policy has been updated to include the roles and responsibilities of all staff members and provides guidance on up to date evidenced based practice. The policy which was updated on 21.07.22 and includes the following changes:</p> <ul style="list-style-type: none"> <li>• Links to external guidance have been updated, and clarification provided to which jurisdiction it relates to.</li> <li>• Section added to provide guidance on the appropriate storage of PPE to ensure it remains in good condition and not at risk of being cross-contaminated. Guidance also inserted on the need to check for expiry dates and rotate PPE stock so that PPE does not go out of date.</li> <li>• Policy amended to include additional advice in Respite services.</li> <li>• Policy amended to include reference to the lists of Notifiable Diseases in Appendix 14-16.</li> <li>• Policy amended to advise of the need to notify the regulator in the event of a notifiable disease outbreak. Completed 21.07.22</li> </ul> <p>Governance and Management:</p> <p>The Registered Provider has reviewed the governance and management arrangements in the centre when the person in charge is on leave to ensure effective oversight of IPC arrangements. The Register Provider has ensured that all relevant tasks in relation to IPC are assigned to individual staff members during the Person In Charges absence. These tasks will be clearly detailed in the diary and handover for the designated centre. To be completed by 19.08.22</p>	

The Registered Provider has also ensured that all buddy managers and Head of Operations will have access to all files relevant to their buddy schemes on the organisations IT system to ensure easy access to information in the absence of the Person In Charge. To be completed by 19.08.22

The Registered Provider will ensure a full review of the audits conducted in the centre to ensure they include a comprehensive review of all IPC measures. To be completed by 30.09.22

The Registered Provider has ensured that the planned and actual rota's are available in the centre. The Person In Charge will ensure that the planned/actual rota is re-typed every week to ensure it is legible at all times. Completed 29.07.22

The Registered Provider has ensured that the risk register for the designated centre has been reviewed to ensure it is more comprehensive in respect of acute infections. To be completed by 12.08.22

The Registered Provider has ensured that the centres Covid-19 continuity plan has been updated to reflect the procedure for staff to follow should a resident require to be isolated as a result of Covid-19. The Registered Provider has ensured that all residents personal plans and risk assessment have been updated to refer staff to the Covid continuity plan for guidance on isolation should it be required. To be completed by 21.08.22

The Registered Provider has ensured that staff are aware of the procedure for managing solid linen through the monthly staff meeting. Laundry baskets are available in all bedrooms in the designated centre. Completed 28.07.22

The Register Provider has ensured a protocol was devised to guide staff on the procedure for the cleaning and maintenance of mop heads as per manufactures guidance. The Registered Provider has ensured that the cleaning schedule for the designated center has been updated to capture the daily washing of the mop heads as per manufactures guidance. The Person in Charge has communicated the protocol in respect of the washing of mops in the monthly staff meeting. Completed 28.07.22

PPE:

The Registered Provider has reviewed the storage of PPE in the designated centre. All PPE has been removed from the external storage facility and is now stored correctly within the designated centre and is free from dust and risk of cross contamination. The cleaning schedule for the centre has been updated to ensure that PPE storage areas are kept clean at all times. The Person in Charge has communicated the protocol in respect of the storage and monitoring of PPE in the monthly staff meeting. Completed 28.07.22

The Registered Provider has ensured that adequate PPE is available to all staff and service users in every room in the designated centre. The Person In Charge has updated

the cleaning schedule to ensure staff are monitoring the availability of the PPE throughout the centre. The Person In Charge has installed an automatic hand sanitizer wall mounted stations to the lower and upper hallways of the designated centre. To be completed by 21.08.22

The Person in Charge has communicated the protocol in respect of PPE availability in the designated centre in the monthly staff meeting. Completed 28.07.22

Legionella:

The Registered Provider has ensured that monthly water temperature checks continue to be carried out in the designated centre. The Person In Charge has sought assurances from an external contractor to confirm that all water temperatures within the designated centre are in line with policy and are recorded within the legionella log book. Completed 18.07.22

The Registered Provider has ensured that records state how regularly unused showers should be flushed out. Completed 29.07.22

Premises:

The Registered Provider will ensure that improvements will be made to the premises to eliminate any potential risk of infection control issues.

Utility Room: The Registered Provider has confirmed arrangements to ensure that adequate storage and flooring are installed in the utility room. The utility will also be fitted with washable cladding on the walls to prevent/reduce infection control issues. To be completed by 01.08.22

Flooring: The Registered Provider has confirmed arrangements to ensure that all flooring on the ground level of the premises is replaced. The flooring and skirting boards in the staff bedroom will be repaired and replaced. The saddle board in the staff office will be replaced. To be completed by 31.08.22

Radiators: The Registered Provider has confirmed arrangements to ensure that all radiators in the premises will be repaired to ensure they are free from peeling paint. To be completed by 31.08.22

Tiling: The Registered Provider has confirmed arrangements to ensure that all cracked floor and bathroom tiles are repaired. To be completed by 31.08.22

Kitchen: The Registered Provider has confirmed arrangements to ensure that the designated centre will be fitted with a new kitchen to include presses and storage areas and cooker. To be completed by 31.08.22

## 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.	Not Compliant	Orange	30/09/2022