



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

## Issued by the Chief Inspector

Name of designated centre:	Abbeyglen
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	15 February 2022
Centre ID:	OSV-0008022
Fieldwork ID:	MON-0035985

## About the designated centre

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

Abbeyglen is a two-storey, three bedroom bungalow with an attached self-contained apartment for one resident. It is located in a town in Co. Dublin and within walking distance to a range of local amenities and public transport links. Abbeyglen was registered in May 2021 to accommodate up to four adult residents, with three living in the main house and one in the self-contained apartment. Each of the residents had their own en-suite bedroom. In the main house there were three separate sitting room areas and a good sized kitchen come dining room area. The apartment was contained within the structure of the main building and comprised of an en-suite bedroom, kitchen and sitting room, with access to the back garden. There was a spacious, enclosed back garden and patio area for residents use. All placements are on a full-time permanent basis. The staffing compliment includes a person in charge, team leaders, and support staff.

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

Number of residents on the date of inspection:

3

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 15 February 2022	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

This inspection was unannounced and completed to inspect the arrangements which 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. However, some improvements were required in relation to the maintenance of the premises.

The centre was registered in May 2021 for up to four adult residents. Subsequently, three residents were admitted to the centre. The first resident transitioned in August 2021 and the final two residents were admitted in December 2021. At the time of this inspection, there remained one vacancy. The centre comprised of a two-storey, three-bed roomed bungalow, with an attached self-contained apartment for one resident. At the time of inspection there were two residents living in the main part of the house and one resident living in the apartment. Each of the residents had their own en-suite bedroom which had been personalised to the individual resident's tastes. In the main house there were three separate sitting room areas and a good sized kitchen come dining room area. The centre was located in a town in the Dublin region and within walking distance of a range of local amenities.

The inspector met with two of the three residents on the day of inspection. The residents met with, appeared in good spirits. Although each of the residents were reluctant to engage in speaking with the inspector, they indicated that they were happy living in the centre. Staff were observed to take one of the residents out for a walk and another resident completely some artwork. Two of the three residents were engaged in a formal day service programme. A day service programme was being sought for the third resident.

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 planned that a survey with relatives would be completed as part of its annual review of the quality and safety of care in due course.

Conversations between the inspector with the residents and staff took place with the inspector wearing a medical grade face mask and social distancing in line with national guidance. The inspector met and spoke with the person in charge, head of operations and a number of staff members. In addition, the inspector spent time reviewing documentation and observing the physical environment of the centre.

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. Infection control and COVID-19 was a standing agenda item at monthly team meetings and at management meetings.

The centre was found to be comfortable and homely. Overall, the inspector found that the centre appeared clean. However, there was a small amount of worn and broken paint on walls and woodwork in some areas and a small area of the counter top in both kitchens appeared worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

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 full complement of staff were not in place at the time of inspection. There were six whole time equivalent (WTE) staff vacancies. These vacancies were being covered by relief and agency staff. Although there were a high number of agency and relief staff required, a consistent group of staff were being used which provided some consistency of care for 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 had taken up the post in August 2021. She had a good knowledge of infection prevention and control requirements and the assessed needs and support requirements for each resident in this regard. The person in charge held a degree in adapted physical activity and a masters in social policy and practice, which included a module on leadership. She had more than five years management experience. She was in a full-time position and was responsible for one other centre in the same geographical area. The person in charge was supported by two team leaders in this centre and one team leader in the other centre for which she held responsibility. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

There was a clearly defined management structure 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 reports to the regional director of operations. 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. The provider's director of quality and governance had been appointed as lead person in assisting the organisation implement and monitor adherence to the measures set out in the centre's 'working safely during COVID-19' policy and business continuity plan. Previous outbreaks of COVID-19 impacting two of the residents and a number of the staff team had been well managed within the centre to minimise risk of acquiring or transmitting the infection.

The registered provider had a range of policies, procedures, protocols and guidelines in place which related to infection prevention and control. centre. Additionally, there was a suite of information and guidance available in the centre on infection prevention and control and COVID-19 from a variety of sources including Government, regulatory bodies, the Health Service Executive(HSE), and the Health Protection and Surveillance Centre (HSPC).

There were a series of audits completed in the centre which considered infection prevention and control. These included, environmental audit monthly, working safely and operational audit, monitoring reports, personal protective equipment and virus tracker. The audits completed were found to be comprehensive in nature and there was evidence that actions were taken to address issues identified.

The inspector met with members of the staff team during the course of the inspection. They told the inspector that they felt supported and understood their roles in infection prevention and control. There were systems in place for workforce planning to employ suitable numbers of staff members with the right skills and expertise to meet the centre's infection prevention and control needs. However, there were six staff vacancies at the time of inspection. These vacancies were being filled by a relatively consistent group of relief and agency staff members. The staff members met with had a fair knowledge of standard and transmission precautions along with the procedures outlined in local guidance documents.

The staff team were found to have completed training in the area of infection prevention and control. Staff members met with told the inspector that the training they had completed had informed their practice and contributed to a greater understanding 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 healthcare-associated infections.

Residents were provided with appropriate information and were involved in decisions about their care to prevent, control and manage healthcare-associated infections. Some one to one work had been completed with each of the residents to help them to understand why infection prevention and control precautions were being taken. There was information available in the centre about infection prevention and control and COVID-19 in easy-to-read formats. Posters promoting hand washing were on display. Infection prevention and control, including updates on the COVID-19 pandemic were discussed at regular intervals at residents' meetings.

Overall, the centre appeared clean and in a good state of repair. However, there was a small amount of worn and broken paint on some walls and woodwork and a small area of the work top in both kitchens appeared worn. This meant that these areas were difficult to effectively clean from an infection control perspective. A cleaning schedule was in place which was overseen by the person in charge. Records were maintained of cleaning completed. Specific training in relation to COVID-19 and infection control arrangements had been provided for staff. Temperature checks for staff and residents were undertaken at regular intervals. There were arrangements in place for the management of maintenance issues. Staff members reported that overall maintenance issues were promptly resolved in the centre.

There were arrangements in place for the laundry of residents' clothing and centre linen. There were suitable domestic, recycling and compostable 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 procedures in place for the prevention and control of infection. Outbreak management and contingency plans were in place. These contained specific information about the roles and responsibilities of various individuals within the organisation and included an escalation procedure and protocols to guide staff in the event of an outbreak in the centre. The centre had two previous COVID-19 outbreaks involving two residents on one occasion and two staff members on the other occasion. There was evidence that learning as a consequence of the outbreak had been identified and shared within the broader service. The provider had completed risk assessments and had implemented a 'working safely during COVID-19' policy and business continuity plan which was in line with the national guidance.

The inspector found that there was sufficient information in the centre to encourage and support good hand hygiene practices. Sufficient facilities for hand hygiene were observed. Staff were observed to appropriately clean their hands at regular intervals, and they were wearing medical grade face masks in accordance with current public health guidance. All visitors were required to sign in, complete

checks and provide information to facilitate contact tracing.

## 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, practices were consistent with the *national standards for infection prevention and control in community services*. The provider had a suitable governance framework in place which resulted in the delivery of safe and quality services for the residents living in the centre. The structures in place allowed for good oversight of infection prevention and control practice which included ongoing monitoring and the development of quality improvement initiatives. However, a small amount of worn paint was observed on some walls and woodwork and a small area of the work top in both kitchens appeared worn. In addition, there were six staff vacancies at the time of inspection which had the potential to impact on consistency in the delivery of care and infection prevention and control arrangements.

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 Abbeyglen OSV-0008022

Inspection ID: MON-0035985

Date of inspection: 15/02/2022

## 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 registered provider will ensure that the building is kept in good state of repair, with maintenance managed in a timely manner and necessary works completed. (Ongoing)</p> <p>The repairs identified, worn and broken paint and woodwork, will be completed with input from the residents around colours and time of works as to not disturb their day and important routines. Maintenance contacted regarding same to complete necessary tasks by 6th May 2022.</p> <p>The registered provider will aim to have these worktops replaced so as to improve infection control measures: To be completed by 13th May 2022.</p> <p>The registered provider has been actively engaged in the recruitment of staff so as to ensure a consistent staff team. Recruitment Department have placed advertisements on various social media platforms, the company website, newspapers and used recruitment agencies to fill staff vacancies. Recruitment days have also been held on 15th February and 10th March 2022. Two full time staff have commenced induction with the company as of 28th March 2022. Another one full time staff is due to start induction in April 2022. Further interviews are planned for 7th April 2022. It is envisaged to have all staff vacancies filled by 31st September 2022.</p>	

## 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	30/09/2022