



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

Issued by the Chief Inspector

Name of designated centre:	New Haven
Name of provider:	Praxis Care
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0006653
Fieldwork ID:	MON-0035891

About the designated centre

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

New Haven is a designated centre operated by Praxis Care. The designated centre provides full-time community residential services to support to five individuals, both male and female, including but not exclusive of Intellectual Disability, Mental Ill Health and assessed Medical needs. It is a two storey detached house located close to a town in Co. Wexford which provided good access to local services and amenities. The centre comprises of kitchen, dining room, two sitting rooms, nine bedrooms all of which are en-suite and a number of shared bathrooms. The centre is staffed by a person in charge, team leaders, social care workers, and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 24 March 2022	10:00hrs to 14:00hrs	Sinead Whitely	Lead
Thursday 24 March 2022	10:00hrs to 14:00hrs	Conor Brady	Support

What residents told us and what inspectors observed

This inspection was unannounced and the purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). The COVID-19 pandemic was ongoing on the day of inspection and measures were taken by staff and the inspectors to reduce risk of infection. This included wearing face masks, regular hand hygiene and maintaining a two metre distance in line with national guidance for residential care facilities. On arrival to the centre, the inspectors noted a one way system in place and all persons entering the centre, including the inspector, carried out temperature checking and hand hygiene prior to contact with residents.

There were five residents living in the centre on the day of inspection and the inspectors had the opportunity to meet with four of the residents. Residents appeared happy and comfortable in their home throughout the inspection. Some residents were observed heading out on walks and various activities. One resident was observed being supported by a staff member to do some gardening.

Inspectors completed a walkaround the centre at the beginning of the inspection day. The premises was a two storey detached house and comprised of a kitchen, dining room, two sitting rooms, and nine bedrooms all of which are en-suite and a number of shared bathrooms. Five of the bedrooms were being used by residents and then the other bedrooms were being used for other purposes such as staff offices and a sensory room. The centre was close to the coast in Co.Wexford and some residents had a sea view from their bedrooms. Overall the inspectors found that the centre was visibly clean, homely and kept in a good state of repair internally and externally.

Residents all had individual support plans, daily planners and activation schedules in place. Residents enjoyed regular daily person-centred activities including walks, picnics, meals out, baking, equine activities, shopping, household chores, and scrap-booking. High levels of staff support were noted in the centre and the staff team appeared knowledgeable regarding the residents individual preferences and needs when speaking with the inspectors. The staff team comprised of a mix of social care workers and support staff. There was a full time person in charge and they were supported by four team leaders. Daily allocations were listed for staff to ensure that cleaning duties were completed and infection control measures were implemented. This included refilling hand-gel dispensers, checking PPE stocks, health and safety audits and waste management duties.

Regular communication with residents in the centre was evident. Residents enjoyed regular meetings with peers and staff where infection control and COVID-19 was regularly discussed with them. An inspector reviewed meeting minutes and found that issues including social distancing, hand washing techniques and personal protective equipment (PPE) had been discussed. Staff had also developed accessible

social stories where these issues were explained.

Overall the inspectors found that residents appeared happy and comfortable living in their home on the day of inspection. Systems were in place to ensure that infection prevention and control measures were consistent and effectively monitored. It was evident that measures implemented were consistent with the National Standards and in line with the providers own policy on infection prevention and control.

The next two sections of the report will discuss findings from the inspectors review of infection prevention and control measures in the centre. This will be presented under two headings: Capacity and capability and Quality and Safety, before a final overall judgment on compliance against regulation 27: Protection Against Infection. High levels of compliance were noted in the centre on the day of inspection.

Capacity and capability

This was an unannounced inspection and the purpose of the inspection was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall it was found that the registered provider was demonstrating the capacity and capability to provide a safe service with appropriate and effective systems in place to reduce the risk of COVID-19 and healthcare associated infection in the centre. The service had up-to-date infection prevention and control policies in place which were subject to regular review and which guided the care and support that was provided in the centre.

There were clear and effective management systems in place to ensure regular oversight of infection prevention and control measures in the centre. There was a full time person in charge in place who was supported by four team leaders in the centre. There was a regular management presence in the centre and the person in charge and team leaders provided both formal one to one supervisions with staff and regular on the floor supervision with staff and residents.

There were auditing and review systems in place to ensure that infection control measures in place were regularly reviewed. Monthly thematic audits were completed by both the person in charge and team leaders which included a review of hand hygiene measures and a review of the environment. Management were appropriately identifying areas in need of improvements and developing actions plan with persons responsible when necessary. Infection control was also an aspect of the providers unannounced six monthly audits in the centre. In addition to this, a monthly "working safely" report was completed by management which included a review of staff training, social distancing measures, hygiene and cleaning schedules, COVID-19 measures and a general overview of the centre.

High levels of staff support were noted in the centre. The staff team comprised of a mix of social care workers and support staff. Staff spoken with, appeared

knowledgeable regarding infection control practices in the centre and measures in place to reduce the risk of COVID-19. All staff were observed wearing PPE in line with national guidance, throughout the inspection day.

The inspector reviewed a sample of staff meeting minutes and found that infection control and COVID-19 was regularly discussed. There was evidence that the person in charge was also regularly communicating with the centres team leaders through the service email system. The centre had a clear daily handover system in place for day and night. Daily task allocation were identified for staff at the start of each working shift including cleaning duties and health and safety checks.

There was a program of training and refresher training in place for all staff. The inspector reviewed the centres staff training records and found that with regards to infection control, all staff had up-to-date training in areas including hand hygiene, COVID-19, infection control, and the donning and doffing of personal protective equipment. The person in charge and team leader regularly reviewed training records and staff training needs and scheduled further training when required.

The centre had a clear escalation pathway in place for in the event of a suspected or confirmed case of COVID-19 and staff spoken with were clear regarding this process. A centre specific COVID-19 response plan had been developed for in the event of an outbreak of COVID-19 and this included staffing procedures, management arrangements, visitation policies, transport arrangements and risk assessments. A specific COVID-19 folder was in place and this was available to all staff with up-to-date guidance and procedures.

The centre had completed the self assessment tool issued by HIQA in 2020 which reviewed the centres levels of compliance with preparedness for an outbreak of COVID-19 and reviewed levels of compliance with the National Standards for infection prevention and control in community services (HIQA, 2018). The inspector observed that the centre had ample supplies of personal protective equipment (PPE) on the day of inspection.

Quality and safety

With regards to infection prevention and control, the registered provider and management team were ensuring that the service provided was safe and in line with national guidance for residential care facilities. It was evident that infection control was a focus in the centre and that the quality of care was regularly reviewed to ensure compliance with best practice and the National Standards for infection prevention and control in community services (HIQA, 2018).

Residents all had appropriate access to healthcare services including a general practitioner (GP). Individualised support plans were in place for the management of any identified healthcare needs. Residents healthcare needs and associated plans of

care were regularly reviewed by the centres staff and management team.

There were systems in place for the assessment, management and ongoing review of risk in the centre. Individualised risk assessments had been developed regarding potential infection control and COVID-19 risks. Risks had been assessed and mitigating measures were implemented when necessary. Regular health and safety audits were being carried out in the centre by management and staff. There was a service risk register in place and risks including water-borne infections in the centre had been reviewed and mitigated.

The premises was a two storey detached house and comprised of a kitchen, dining room, two sitting rooms, and nine bedrooms all of which are en-suite and a number of shared bathrooms. Five of the bedrooms were being used by residents and then the other bedrooms were being used for other purposes such as staff offices and a sensory room. Overall the inspectors found that the centre was visibly clean and kept in a good state of repair internally and externally

Comprehensive cleaning schedules were in place and these were carefully implemented by all staff daily. Cleaning schedules included the regular cleaning and deep cleaning of all aspects of the centre. Colour coding systems were in place for mops and cloths to clean separate areas of the centre such as kitchens and bathrooms. Schedules were also in place for less frequent cleaning tasks such as washing skirting boards and curtains.

The centre had a utility room where the centres laundry was carried out and cleaning materials were stored. The inspector observed clear systems in place for the separation of clean and dirty laundry. Signage was noted around the laundry facilities to guide staff on safe laundry procedures. Staff spoken with were clear regarding procedures to take when washing soiled linen. Residents all had separate laundry baskets. There were a number of hand washing facilities and alcohol gels noted around the centre.

Regular communication with residents in the centre was evident. Residents enjoyed regular meetings with peers and staff where infection control and COVID-19 was regularly discussed with them. An inspector reviewed meeting minutes and found that issues including social distancing, hand washing techniques and personal protective equipment (PPE) had been discussed. Staff had also developed accessible social stories where these issues were explained.

Regulation 27: Protection against infection

The purpose of the inspection day was to monitor the centres levels of compliance with Regulation 27 and the National Standards for infection prevention and control in community services (HIQA, 2018). Overall the inspectors found high levels of compliance. Clear, safe and effective systems were in place for protecting residents against healthcare associated infections. This was evident in the following areas

reviewed:

- Staff supports were in place to meet the needs of the residents and to safely implement infection prevention and control measures.
- All staff had completed up-to-date training in areas including infection prevention and control, hand hygiene, and donning and doffing.
- Clear management and oversight systems were in place and infection control measures were regularly audited and reviewed.
- The service had a clear and robust contingency plan in place for in the event of an outbreak of COVID-19.
- The service had up-to-date infection prevention and control policies in place which were subject to regular review and which guided the care and support that was provided in the centre in areas including laundry procedures, hand washing facilities and cleaning procedures.
- The premises and the environment was visibly clean and well maintained. Schedules were in place to ensure that all aspects of the premises was regularly cleaned and deep cleaned.
- There was regular and consistent communication between staff, management and residents regarding infection prevention and control measures in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Compliant