



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

## Issued by the Chief Inspector

Name of designated centre:	Crobally / The Barn
Name of provider:	Praxis Care
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	14 March 2022
Centre ID:	OSV-0002120
Fieldwork ID:	MON-0036062

## About the designated centre

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

Crobally/The Barn is a designated centre which is located is situated in a rural setting, on six acres of land i Co.Cork. The centre comprises of two separate residential buildings, a bungalow and a two storey house. There is capacity to provide a residential service to three adults on a full time or shared care basis in the bungalow. An overnight respite service is provided to over 24 adults for up to four adults. Both services in the centre are provided to adults with an autism diagnosis. Staff are available to residents 24 hours a day with oversight from the appointed person in charge.

Each resident is supported in a private bedroom area with ample communal spaces present including a large sensory/soft play room, living rooms and dining rooms. Residents availing of respite stay can chose which room they have for the duration of their stay. Ample storage is available for personal belongings with additional space available in linen rooms if required.

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

Number of residents on the date of inspection:	2
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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
Monday 14 March 2022	09:30hrs to 16:15hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection focused on the effectiveness of infection prevention and control (IPC) measures, which the registered provider had implemented to keep residents safe from infection. These measures were in place to prevent the risk of cross infection and to keep residents safe from infection. This reports incorporated the findings evidenced through the review of documentation, observations and interactions with staff and management over the course of the inspection. Residents were afforded the opportunity to meet with the inspector but chose not to. This choice was respected. The residents went about their daily routine throughout the day with both residents leaving the centre to partake in social activities such as nature walks and lunch. Residents present in the centre on the day of inspection required support from staff in the area of infection prevention and control.

On arrival to the centre the inspector was unable to gain entry, this was also a concern at the previous inspection. The intercom to alert the centre of visitors was not working correctly. The centre consists of two main houses. The Barn is a large bungalow with two residents current availing of residential supports. Residents are supported to have their own bedroom and private spaces if they chose to spend time alone. Crobally is a large two storey house which provides respite supports for up to four residents at a time. Residents availing of respite stay can chose which room they have for the duration of their stay with numerous communal spaces to mix with friends and staff during their stay including a soft play/sensory room and large living room.

The inspector first called to Crobally respite house. The inspector was greeted at the door by a staff member who was not wearing a mask or face covering. Whilst the resident remained in bed and not in the close proximity of the staff member, a mask was not worn when answering the door to an unknown individual. This staff member brought the inspector to The Barn, the residential house of the centre. Two staff members were in the office who informed the inspector that the resident was enjoying a lie in. This was an activity they enjoyed in the morning to relax. One staff member was wearing a surgical mask. The second staff member donned a mask when speaking with the inspector.

The inspector was provided with a bright, airy room to base themselves in whilst the staff team made contact with a member of the governance team. A staff member provided the inspector with a brief overview of the service provided within The Barn, as this was where they completed their duties on a regular basis. It was noted that whilst this staff member had a knowledge with respect to IPC measures, including barriers to effective hand hygiene, they had long acrylic nails in situ. The staff member confirmed that they had completed the providers' mandatory hand hygiene course which states this and was aware that these nails were not in line with best practice to infection control measures.

Upon their arrival, a discussion was had with the person in charge appointed to the centre and the accompanying team leader. Observations made by the inspector at the commencement of the inspection were highlighted including the correct use of face masks. Moving forward in the day all staff were observed wearing fixed face piece (FFP2) respirator masks. The person in charge discussed measures in place relating to IPC such as the monthly environmental audit, health and safety checks in place and the quality improvement plan for the centre. The implementation of these audits will be discussed later in the report.

The inspector visited The Barn house. This house currently provides full time residential care to one resident and shared care to another individual. Staff had been provided with a daily and nightly cleaning schedule along with deep cleaning procedures to adhere to. Through observation and review of documentation there was evidence of non-adherence to these. The house did not present as clean. For example, a linen room needed to be addressed immediately due to the poor level of cleanliness, a water canister that was available for use in emergencies was dirty and covered in cobwebs. Food residue was present on the wall of one bedroom with staining on the skirting boards. In a number of bathrooms, it was noted that the toilet brush was rusted and the pedal bins were not working correctly. Mould was observed on some window frames and on the grouting of some shower trays.

The inspector also visited the other house Crobally, under the remit of the designated centre. This house could provide respite for up to four residents at any given time. On the day of the inspection one resident was present. This house also had a cleaning schedule in place which staff consistently complied with and recorded duties completed. A large soft play/sensory room was present in this house. Whilst the person in charge reported that the maintenance staff remove the flooring and brush and mop this area, this was not included in the cleaning schedule and not evidenced that this was consistently cleaned. The bedrooms did present as clean and warm. The provider was currently in the process of commencing building work in the kitchen area of this house.

Overall, the inspector found the arrangements to ensure good infection prevention and control practices within the centre required improvements. This included the correct governance and oversight of measures in place to ensure consistent implementation. This will be discussed in the report within the next two sections of capacity and capability and quality and safety. Two residents present in the centre on the day of inspection were observed going about their daily routine. They chose not to interact with the inspector and this was respected.

## Capacity and capability

Crobally/The Barn was a designated centre which provides both respite and residential supports. The centre had been previously inspected in June 2021 where

an overall good level of compliance was found. As part of a programme of inspections commenced by HIQA in October 2021, focusing on infection and control practices, it was decided to carry out such an inspection of this centre to assess the discipline and practice in this area in more recent times. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

The registered provider had appointed a clear governance structure the centre. The person in charge was suitably qualified and experienced to fulfil their role. They were also the allocated IPC lead person in the centre. They reported directly to the person participating in management appointed to the centre and were supported by a team leader. The inspector had the opportunity to meet with the person in charge on the day of the inspection. Whilst they possessed an awareness of the need for effective IPC measures in the centre and a willingness to drive service enhancement, improvements were required in the area of oversight.

Given the ongoing COVID-19 pandemic, it was evidenced that the provider had a documented contingency plan, however this did not include clear guidance for staff on how to address suspected or confirmed cases of COVID 19 within the centre. Staff members spoken with were aware of the potential COVID-19 symptoms to be observant to, but would call the on-call system if they needed direction. Staff outline what they felt would happen should a resident become suspected, however did not have definite guidance. When this evidence was requested from the management team, the inspector found that was not in place and had not been developed.

The inspector was not assured that the monitoring systems in place were utilised to capture all areas for improvement related to infection prevention and control in the centre. The monitoring systems in operation included environmental audits and a HIQA issued self-assessment tool that was to be completed every 12 weeks. The environmental audits completed by the person in charge was not specific to each house but to the centre generally, they were not used to identify areas of concern such as, damage to the conservatory or level of cleanliness of rooms in one house. Within a quality improvement audit completed in November 2021 completed by the person participating in amendment, the provider had self-identified that the service was non-compliant in the areas of infection prevention and control reviewed. This included the cleaning of the vehicles allocated to the centre and clear and specific cleaning guidance for staff. These actions had not been adequately addressed at the time of inspection.

Following the quality improvement audit one action had been addressed through the redevelopment of handover and cleaning books for each house. The inspector reviewed copies of these and found there were inconsistencies in the completion of these books. Whilst these were found to be completed in one house, they were not in the other. The night cleaning duties had not been completed in one house since February 2022. Through lack of oversight this had not been identified in further audits including the annual review of service provision and environmental audits. Where the person in charge or team leader had identified the need for actions there was no clear monitoring to ensure these were completed. For example, following a

vehicle check on the 11th March 2022 the need for cleaning was identified. There was no record on the day of inspection if this had been completed. Following visual checks completed by the inspector the vehicle remained unclean with empty food wrappers in the door frame and hand sanitiser left on the dashboard in direct sunlight. Best guidance reports that hand sanitiser left in direct sunlight for long periods of can reduce the effectiveness of the product.

The registered provider had appointed suitably qualified and experienced persons to the staff team within the centre. Staff had received training in aspects of IPC including hand hygiene, the use of personal protective equipment and infection control. It had been stated within the HIQA self-assessment tool that the role of the staff was discussed within staff meetings. From review of staff team meeting minutes whilst IPC and COVID 19 were listed on the agenda these were not consistently discussed to ensure staff awareness and implementation of measures in place.

The provider had developed policies to help guide and direct staff members in the area of IPC to promote good practice by all members of the staff team. This included the infection control policy which provided standard infection control guidance and additional guidance required during an infectious outbreak and the COVID 19 pandemic. This policy was used in conjunction with national guidance issued by the Health Service Executive and the Health Protection and Surveillance Centre and regularly reviewed to reflect any change in guidance.

## Quality and safety

The inspector, overall found that the registered provider was not implementing effective measures in the area of infection prevention and control. As highlighted earlier in the report, it was observed by the inspector that cleaning was not being carried out in all areas of the centre on a regular basis with one house being found to be unclean. The person in charge requested staff to immediately address the level of cleanliness of the linen room when this was identified by the inspector.

Residential care was provided within The Barn. The cleanliness of this house required review. For example, food residue was present on a wall in a bedroom, pedal bins and toilet brushes in en-suites had rust present and a water container to be used in emergencies was covered in dirt and cobwebs. Also, following an incident affecting the lounge area of the property, cleaning could not be adequately completed in this area. Dead flies were evident on the window sills and large amounts of dust on the floor. Ample stocks of cleaning supplies were also seen to be available in the centre for use. The cleaning schedule in place was not completed and did not account for any areas requiring review.



The second house on the property provided respite supports for up to four adults. This house presented as overall clean with some improvements required. No additional cleaning was documented between respite users stays to ensure that all areas of the bedrooms and communal areas were cleaned to a high standard between admissions. Also, should an individual display symptoms of COVID 19 whilst availing of respite there was not a clear pathway in place of what measures were to be implemented such as isolation needs and testing. This required review in addition to consultation with individuals to ensure their personal preferences were adhered to.

The registered provider had ensured an ample supply of PPE equipment was present within the centre. This included surgical masks, respiratory masks and hand sanitiser. Whilst checks were maintained of stock levels, these checks did not include expiry dates. The stock check of PPE was the allocated duty of night staff, however it was unclear when this was last completed as records were not consistently completed. On the day of inspection it was noted there was no expiration date recorded on the hand sanitiser in use. It was indicated to the inspector that all vehicles were to be cleaned daily however records were not maintained of this. However, as discussed previously in this report, the overall appearance of the vehicle's interior suggested that it had not been thoroughly cleaned with food wrappers left in the vehicle and used facemask in the door of the vehicle.

The person in charge had developed a risk register with respect to the designated centre. Some aspects of infection prevention and control were addressed including the vaccination status of some individuals and measures in place to support this. However, further identification and assessment of risk was required. For example, the isolation needs of residents and all individuals availing of supports in the centre. Where control measures are documented to be in place with respect to IPC measures improvements were required to ensure these were implemented. For example, the COVID 19 risk assessment stated a disinfectant mat was to be at the front door and bi-monthly communication with HIQA was to be completed. Neither of these measures were currently in place. Health and safety checklists were completed monthly including legionella checks.

## Regulation 27: Protection against infection

The registered provider did not evidence on the day of inspection that effective procedures and processes were in place in the area of infection prevention and control. To ensure compliance with Regulation 27 was achieved a number of areas required review. These included:

\*Governance and management arrangements within the centre had not ensured effective monitoring of IPC practices was in place. Whilst audits were being completed in the area of IPC, these required improvements to ensure all areas

requiring attention were identified and addressed in a timely manner.

\*The provision of adequate guidance for staff in the area of IPC including COVID 19 and the importance of a clean environment.

\*The identification, assessment and review of IPC related risks within the centre. This includes the ongoing review of current control measures in place.

\*The supervision of staff members to ensure the adherence to IPC best practice including the correct use of face masks and barriers to effective hand hygiene.

\*The ongoing governance and management oversight of measures in place within the centre such as completion of required documentation, the adherence to schedules such as cleaning of the premises.

\*Clarification was required in the guidance for staff on the cleaning of both premises including the specific needs of certain area, the sensory room for example. Cleaning schedules in place did not specify all rooms to be cleaned for example the linen room

\*Addition of cleaning of the centre vehicle. On the day of inspection the vehicle was found to be uncleaned following a social outing on the previous evening.

A review of stock check measures to ensure these incorporated expiration dates of all PPE

Resident's personal plans required review to ensure that all areas of infection prevention and control were addressed to ensure a consistent approach. This included the individuals needs with respect to isolation needs should this arise.

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 Crobally / The Barn OSV-0002120

Inspection ID: MON-0036062

Date of inspection: 14/03/2022

## 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>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 by the following actions:</p> <ul style="list-style-type: none"> <li>• The PIC, PPIM and Regional Director have met with staff at April’s staff meeting and infection control policies and procedures were discussed with staff including the correct usage of PPE and hand hygiene effectiveness. Information has been added to the daily handover to ensure infection control is discussed on a daily basis. IPC and COVID is a standing agenda item on all Team meetings. Completed 26/4/22</li> <li>• The PIC ensured immediate actions were taken on day of inspection to rectify immediate concerns raised which included: cleaning of linen room, cleaning of food residue, cleaning of all areas of house, replacement of toilet brushes and pedal bins, cleaning of window frames and showers. Completed 15/03/2022</li> <li>• The PIC has ensured the Gate access has been rectified by the availability of new phones in both location. The PIC will periodically spot check access from road entrance to ensure it is in full working order. Completed 26/4/2022</li> <li>• The PIC has updated cleaning charts in both locations. Each room is now recorded which clearly outlines in detail all aspects of cleaning that is required in each location, including additional cleaning between stays for respite. The PIC, Social care worker and Team leader audit the charts daily to ensure the tasks are completed. Any gaps in charts or tasks not completed will be followed up with staff by PIC. The PPIM will audit cleaning and charts as part of the monthly audit. Completed 4/4/22.</li> </ul>	

- Maintenance responsibilities have been added to the cleaning schedule, which will be signed by staff when task completed. PIC and PPIM will audit to ensure completed. Completed 25/4/22
- The PIC has updated the COVID contingency plan to include clear guidance for staff on how to address suspected or confirmed cases of COVID. These updates were discussed with staff by PIC at April's staff meeting. Completed 26/4/22.
- The PIC has updated the Risk Assessment for COVID, any actions that were not relevant were removed from Risk Assessments. Risk assessment for infection control has been updated, Risk Assessment for unvaccinated service users has been updated, Individual Risk assessments for COVID now in place for each service user which includes specific isolation guidance. Completed 4/4/22.
- The PIC has ensured a professional deep clean was completed on all vehicles. A Vehicle cleaning list now in place. The PIC, Social care worker and Team leader audit the charts and ensure the tasks are completed when they are on duty. The PPIM will audit cleaning and charts as part of his monthly audit. Completed 25/4/22.
- Hand Sanitiser has been removed from dashboard of the vehicle and noted on daily cleaning charts where it should be stored. This will be checked by PIC, Social care worker and Team leader to ensure it is stored correctly. Completed 4/4/22.
- All HIQA self assessment actions will be added to services Quality improvement plan, which will be reviewed monthly at PPIM Audit and during Supervision with PIC and PPIM. Completed 25/4/22.
- The PIC will ensure that any future actions identify who is to complete and when to complete by. This will be reviewed monthly as part of the Quality Improvement Plan review with PPIM. Completed 30/4/2022
- Checking of used by dates for PPE have been added to stock sheet charts. Completed 4/4/22.
- Conservatory repairs are scheduled to be completed by 16/5/22.
- The PIC will ensure when completing the Environmental Audit tool to specifically report on and reference both buildings and the individual rooms in each building. PPIM will review audit with PIC each month. 30/4/2022

## 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	16/5/2022