



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Greenville House
Name of provider:	Praxis Care
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	21 June 2022
Centre ID:	OSV-0002113
Fieldwork ID:	MON-0036550

## About the designated centre

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

The centre provides residential care specifically for adults with autism. The centre is set in five acres of land outside a village in a picturesque environment and there is also a day service and other facilities, such as horticulture and outdoor gym equipment in the grounds. The centre comprises a main house and six cottages and can accommodate 14 residents. The main house can accommodate five residents and the bungalows can accommodate either one or two residents. Residents were supported on a 24/7 basis by support workers, team leaders and a social care leader. A person in charge is appointed to maintain day to day oversight of operations within the centre.

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

Number of residents on the date of inspection:	14
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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
Tuesday 21 June 2022	09:10hrs to 15:15hrs	Laura O'Sullivan	Lead
Tuesday 21 June 2022	09:10hrs to 15:15hrs	Elaine McKeown	Support

## What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor measures in place in the area of infection control. The inspectors focused on the providers compliance with Regulation 27 through observation, review of documentation and conversations with staff and residents. Overall, a high level of compliance was evident with some minor improvements required.

The inspectors were greeted in the main house by a staff member. They were welcomed to the centre and staff requested for both inspectors to completed hand hygiene, sign a visitor's book and complete a temperature check. These measures were completed for all visitors and staff entering the centre. During the course of the inspection when all areas of the centre were visited similar requests were made of inspectors. All staff were observed during the inspection to wear face masks in the correct manner and to use hand sanitiser as required.

A brief meeting was held with the person in charge to discuss infection prevention and control (IPC) measures in place within the centre such as staff training, auditing systems and contingency planning. The person in charge also highlighted a number of areas currently being addressed which had been identified through the implementation of the quality improvement plan. This included premises improvements.

The inspectors had the opportunity to visit many areas within the centre over the course of the day. All areas visited presented as clean and tidy with comprehensive cleaning schedules in place. All areas were free from clutter with good ventilation. Where windows could not be opened at times during the day, fans had been provided. Two residents showed one inspector around their apartment and showed them their rooms, each of which were clean and fresh smelling. Residents had been out and about all morning and staff expressed their content in returning to social activities since restrictions had been lifted.

Another resident was relaxing in their apartment when the inspector visited. Their family had called to visit them and spoke of the measures the staff had implemented during the COVID pandemic to maintain the family relationships such as the use of video recordings. Some residents were encouraged to participate in maintaining the cleanliness of their areas. However, within resident meetings infection control measures were not readily discussed. This will be discussed in more detail further on in this report.

The inspectors also had the opportunity to meet with a number of staff members. Those spoken with had a clear understanding of the infection control measures in place within the centre. This included the need for effective cleaning regimes and the isolation needs for each resident. Staff were also aware of the governance

structure and whom to call should they have a concern or query in any area including IPC.

Of note, it was observed on the day that some issues outside of the areas of IPC were requested to be addressed during the inspection. This included the holding open of fire doors by chairs or floor rugs. This was observed on three occasions. Also, following the renovation of a bathroom area privacy measures had not been re-installed within the bathroom. The person in charge addressed these matters immediately when highlighted to them.

As stated previously the provider had self-identified areas of improvement which had been addressed. This included the introduction of vehicle checks, purchasing of new pedal bins and premises work. On the day of inspection some areas which were evidenced to require improvement were in the area of risk management, review of best before date of PPE stock and communication of changes to IPC measures to residents. These will be discussed in more details in the next two sections of the report.

## Capacity and capability

This inspection was completed within the designated centre Greenville house. The purpose of this inspection was to review the registered provider's compliance with Regulation 27. Overall, the provider evidenced a high level of compliance during the course of the inspection. Some minor improvements were required in the area of premises, risk management and communication with residents.

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness to the IPC needs of the individual residents and the designated centre. They were supported in their role by a deputy manager and a number of team leaders. All members of the governance team were aware of their roles and responsibilities in the area of IPC. This included oversight of day to day operations in the centre such as high touch cleaning and vehicles checks. Regular meetings were held by the person in charge with all members of the team providing management and supervisory supports within the centre. This was evident by the ongoing discussion in the areas of IPC such as the correct use of face masks and visiting in accordance with national guidelines.

The person in charge reported directly to the person participating in management. This individual was involved in a number of monitoring systems used in the centre to review the IPC measures in the centre. These included the annual review of service provision, the six monthly unannounced visit to the centre and the quality improvement plans. These systems were used in conjunction with on-site monitoring tools to ensure a high level of compliance was in place. These systems included a monthly cleaning audit, hand hygiene observational audits and the implementation of the HIQA self-assessment tool on a three monthly basis.

The registered provider had ensured that appropriate staffing levels was appointed to the centre. Through a business continuity plan measures were in place to ensure safe staffing levels were in place in the event of an emergency including an infection control outbreak. From review of the actual staff roster adherence was clearly evidenced following the identification of an outbreak of COVID 19.

The person in charge had ensured that all staff members had been supported and facilitated to participate in the relevant IPC training. This included areas such as standard infection control measures, hand hygiene and centre specific training in the use of PPE. Staff were communicated with in areas of IPC through a number of platforms. The registered provider had developed an infection control policy, a COVID 19 management plan and a business continuity plan to assist staff in dealing with a number of scenarios. Also, the area of IPC was a standing order on all staff team meetings.

## Quality and safety

Greenville house was a designated centre located on the outskirts of a small town in Co. Cork. Currently fourteen residents reside within the centre and supports implemented in accordance with each resident's individual personal plan. Residents met with during the course of the inspection were observed to be comfortable in their home and as staff reported happy to be out and about again since the national restrictions were eased.

The residents in the centre were supported in the area of infection control and to have an awareness in a number of areas. Social stories had been developed to promote an awareness and an understanding in such areas of hand hygiene, vaccination and the use of face masks. Information had been developed and displayed in some areas in an accessible manner. Residents were supported in participate in regular resident meeting to discuss a number of things such as fire safety measures and the complaints process in use within the centre. However, these meetings had not been used to communicate with residents the ongoing changes in IPC measures within the centre or the need for same.

During the course of the inspection, an ample supply of hand sanitiser and PPE products were observed. The system in the centre was a delegated staff ensured a sufficient stock level was in place and an order submitted as required. Each staff ensured also that this supply was present daily. Some improvements were required to ensure the best before date was clear on all products including hand sanitiser. Whilst a large bottle was used to fill wall units, the best before date was present on the delivery box. When this was disposed of, no best before date was maintained. Also, in one utility room, an out of date bottle of hand sanitizer was present and some cleaning products were stored in an unsafe manner.

Members of the staff team were supported to provide residents with effective individual infection control measures. This included wound management and the

need for antibiotic therapy to prevent infections. Also clear guidance was in place in such areas as the application of topical creams and ointments were an open wound is present.

The centre consisted of a number of buildings. One large house had recently undergone some renovations including a number of bedrooms. Also, seven other living areas were present on the complex. A consistent approach to IPC measures were evidence across all areas. These included, daily, weekly and nightly cleaning regimes. Guidance on the correct use of cleaning products and cloths. All cleaning materials were maintained in an effective manner. Some minor building works were required to be addressed to ensure cleaning can be completed in an effective manner to reduce the risk of infection. This included repair to flooring in a number of areas, a radiator in one bathroom was rusting and damage to an area of skirting board in a staff bathroom. Also, in one area tin foil had been placed within an extractor fan to prevent effective ventilation within the centre.

The person in charge had completed a risk assessment for each resident to address their individual needs should isolation be required. This highlighted the importance of isolation within their own home, but also the need for an alternative location should this be required. Some areas of risk required further review to ensure effective control measures were in place. This included the rationale for the vaccination status of all residents, and the impact of this on peers within the centre.

## Regulation 27: Protection against infection

Overall, through effective governance systems and oversight infection control measures were in place in accordance with best practice and organisational and national policy and guidelines. These measures included staff training and awareness, effective cleaning regimes and individualised supports. Monitoring systems were used by members of the governance team to identify and address actions as required to drive service improvements within the centre.

Some minor improvements were required in the following areas to ensure compliance with Regulation 27:

- Risk assessments to ensure all aspects of IPC risk are assessed.
- Ongoing premises work to ensure cleaning is effective in reducing the risk associated with infection. These areas included a radiator which had rust evident, damage to skirting boards, damaged to flooring and rusted bins.
- Review of ventilation systems to ensure these are used effectively.
- Review of measures to ensure residents receive up to date information relating to IPC measures both at an organisational and national level.
- Measures required to ensure the best before date of all PPE stock is documented and monitored.



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 Greenville House OSV-0002113

Inspection ID: MON-0036550

Date of inspection: 21/06/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"><li>• The PIC addressed the immediate safety issue highlighted by inspectors on the day of the inspection regarding fire doors being held open. The chair blocking the safe closure of a fire door was immediately removed. The two bedroom doors being held open with a chair and a floor rug was remedied on the day of the inspection and this was discussed with all staff. Fire door retainers have been purchased to allow for the doors to be kept open safely and these will be installed on. Date to be completed 14/07/2022. Fire doors and using them safely has been communicated to all staff and the topic added to the staff meeting agenda for July. Date to be completed by: 31/07/2022</li><li>• The privacy issue was addressed on the day of the inspection, Netting was placed across the window. Since then privacy film was placed on the window. Completed 01/07/2022</li><li>• IPC measure within the center has been added as a standing order in the Weekly Service User Meetings. Template for Weekly Service User Meeting updated to include Covid 19 Guidelines and Infection Prevention Control measures emphasising the following:<ul style="list-style-type: none"><li>• Restrictions</li><li>• Social Distancing</li><li>• Guidelines</li><li>• Mask wearing</li><li>• Hand Hygiene</li><li>• Cough etiquette</li></ul></li></ul>	

Any future changes to guidance in relation to IPC will be added to the weekly agenda by the PIC. Completed 27/6/22.

- All items stored in the utility were removed and disposed of on the day of inspection. The PIC has communicated to all staff that all cleaning products/ hand sanitizers are not to be stored in the utility shed Date completed 29/06/2022.
- The PIC has ensured that all future deliveries of hand sanitizer, hand soap and other liquid cleaning products will have an expiration date sticker added to each individual bottle as well as the box. Trays for all wall mounted hand sanitizer units have been ordered and are currently being put in place, to avoid spillages. Date Completed: 11/07/2022
- A system has been introduced to ensure that all PPE arriving in the service is documented and that there is a stock rotation to ensure no issues will sell by dates. This will be overseen by the PIC. Date Completed: 04/07/2022
- A new radiator to be fitted in Greenville House main bathroom. Completed 29/06/2022
- Rusted bin in Greenville House disposed of and replaced. Completed 22/06/2022
- Skirting board in staff bathroom in Greenville House has been repaired. Completed 28/6/22.
- Flooring in Willow Cottage living room area has been scheduled to be replaced. Date to be completed: 12/07/2022
- Flooring in Sycamore Cottage service user's bedroom has been repaired. Completed 28/6/22.
- Extractor Fans in all homes have been thoroughly cleaned and any debris/grease removed. New filter rolls purchased and were installed across campus in each extractor fan. PIC has added Extractor fan checks to the Team Leader monthly cleaning audits. Completed 21/6/22.
- Industrial Carpet cleaner has been purchased. This has been added to Team Leader's calendar to be completed quarterly or as required. Date Completed: 05/07/2022
- Team Meeting held on 22/06/2022 to address the issue of ventilation with the staff. Staff were made aware how to manage opening of windows in a safe manner. Large free standing fan purchased for location. Completed 24/6/22.
- All individual Covid 19 risk assessments have been reviewed and updated by PIC. Rationale for the status of unvaccinated service users has been added. The risk rating for a vaccinated service user living with an unvaccinated service user has been reviewed and rated accordingly. Completed 29/06/2022
- The PIC has linked with the Multidisciplinary Team around support for educating unvaccinated service users around the benefit of having the vaccine. MDT aim to use a systematic desensitisation approach mixed with the principle of positive reinforcement. MDT have commenced work on this.

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	