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Bunowna, OSV-0005825, 07 July 2020

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

Issued by the Chief Inspector

Name of designated centre:	Bunowna
Name of provider:	Praxis Care
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	07 July 2020
Centre ID:	OSV-0005825
Fieldwork ID:	MON-0029835

About the designated centre

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

Bunowna can provide a full time residential service to four adults with intellectual disability, mental illness, autism, additional communication needs and or other health needs as required, who require a medium to high level of care and support. Bunowna offers placement to both male and female residents above the age of 18 years. The centre is made up of one house in a coastal village, which is centrally located and close to amenities and facilities. All bedrooms are for single occupancy. Residents are supported by a staff team that includes a service manager, team leaders, and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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 - 2015 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 7 July 2020	12:00hrs to 16:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

The inspector met with all four residents who lived in the centre. The residents did not have the verbal communication skills to discuss the service, but the inspector observed that residents were comfortable together and in the presence of staff. It was evident that staff prioritised the welfare of residents, and that they ensured that residents had interesting things to do based on each person's individual abilities and preferences. Although residents' opportunities to do things in the local community were limited due to COVID-19 restrictions, the inspector saw that staff had arranged for residents to take part in varied activities that they enjoyed such as board games, listening to music, having hand treatments and nail polishing, food preparation and going out for walks to get some fresh air.

The inspector also observed that residents had comfortable accommodation, were well dressed and were offered a variety of nutritious meals and snacks.

Capacity and capability

There was a good level of compliance with regulations relating to the governance and management of the centre, and the provider and management team demonstrated a commitment to continuous improvement of the service.

The governance arrangements in the centre ensured that a good quality and safe service was provided to residents. The provider and management team had addressed the issues that had been identified in the previous inspection report, and had been working to improve quality of life and safety for residents. Furthermore, improvements that had previously been made, in response to earlier inspection findings, had been sustained.

In depth six-monthly unannounced audits of the service were being carried out on behalf of the provider. These audits identified any areas where improvement was required, and action plans were developed to address these issues. These audits indicated a high level of compliance and most actions arising had been completed or were being addressed.

There was a variety of training and operational policies and procedures to guide and inform staff. Staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles such as safe administration of medication, infection control and in feeding, eating, drinking and swallowing. A range of policies, including schedule 5 policies, were available to guide staff, and were accessible in both hard and soft versions. All policies viewed were up to date and informative.

Staff who spoke with the inspector demonstrated a strong knowledge of residents' care and support needs.

The provider had developed a contingency plan to reduce the risk of COVID 19 entering the centre, and also for the management of the infection should an outbreak occur. The inspector viewed this plan and it was comprehensive and relevant. The management team and staff demonstrated a commitment to protecting the health of residents and staff. They also demonstrated a knowledge and understanding of how this is being implemented. This included training in hand hygiene, infection control, use of personal protective equipment (PPE) and provision of up-to-date information and guidance.

Since the last inspection improvements to staffing levels had been achieved through recruitment and this had been sustained. In addition to care staff, a service manager had been recruited to manage this and one other service. She was based in the centre and worked closely with the person in charge and staff. She demonstrated a thorough knowledge of the residents and their care and support needs. A part-time activity staff had also been assigned to the centre in addition to the usual staff compliment. A review of staff rosters, conversations with staff and observations of staffing levels and practices indicated that there were sufficient staffing levels at the time of inspection.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed by the management team and these were accurate at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received appropriate training, including mandatory training, as part of a continuous training and development programme. Further training and information relating to infection prevention and control had also been provided for all staff in response to the COVID 19 pandemic.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. In addition to ongoing governance arrangements, the provider had developed a robust contingency plan to manage the risks associated with COVID 19.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies required by schedule 5 of the regulations were available to guide staff and were up to date. The provider had also recently updated policies, and developed additional protocols to provide guidance on the management of COVID 19 infection.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that the well-being of residents was promoted and that residents were kept safe.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of PPE, staff training and daily monitoring of staff and residents' temperatures and health symptoms. Furthermore, the centre was maintained in a clean and hygienic condition, there was a colour coded cleaning programme and there were policies on cleaning and laundry practice.

The provider had made arrangements to identify and manage risk. These included risk identification and management, a comprehensive health and safety statement and risk management policy. The centre's risk register included a range of environmental risks such as violence and aggression, self harm and slips, trips and falls, in addition to individualised risks specific to individuals. The risk register had also been updated to include risks associated with COVID 19.

The provider had ensured that there were suitable measures to guide staff while lone working. There was an up-to-date lone working policy and the protocols around lone working had been discussed at a staff meeting. Staff who spoke with the inspector had a clear knowledge of how to support residents in lone working situations.

The centre was clean, comfortably furnished and suited the needs of the residents

who lived there. Since the last inspection there had been improvements made to the garden to increase comfort and safety of this area. The management team had identified more improvements which they were progressing, which included further upgrades to the garden, the replacement of some furniture and provision of a separate sensory and relaxation area where residents could spend quiet time or time alone.

The provider ensured that residents' general welfare and development was supported with access to activities that they enjoyed, community integration, access to appropriate healthcare and suitable access to their own money and property. Residents also had access to a variety of nutritious meals and had recently been reviewed by a speech and language therapist. Since the last inspection the management team and staff had carried out work to ensure that residents' personal plans were more accessible and meaningful to them. This was achieved by creating a user friendly personal profile for each person. These were accessible, colourful, tactile and individualised.

There were safe medication management practices in the centre. Medication was safely stored, guidance for administration of medication was clearly stated and all staff had received training in safe administration of medication, including the administration of emergency medication for epilepsy medication. Monthly audits of medication management were being completed.

Overall, there was a good level of compliance with regulations relating to the quality and safety of the service.

Regulation 12: Personal possessions

The person in charge ensured that residents held control over their property and possessions. Residents had access to their own money as they required for spending, and they also access to their own financial information to inform their spending choices.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, in external services and in the community. Community based and external activity had recently been limited due to COVID 19 restrictions. However, residents continued to access the community for walks and drives and additional activities that residents enjoyed were taking place in the centre and

its garden.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. The centre was well maintained and clean.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were well met. Wholesome and varied meals were supplied to residents, and suitable foods were provided to suit any special dietary needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed, and there was a risk management policy to guide practice. The centre's risk register had been updated to reflect the risks associated with the COVID 19 pandemic and their control measures.

Judgment: Compliant

Regulation 27: Protection against infection

There were strong measure in place to control the risk of infection in the centre, both on an ongoing basis and in relation to COVID 19. The centre was maintained in a clean and hygienic condition throughout, hand washing and sanitising facilities were available for use, infection control information and protocols were available to guide staff and staff had received relevant training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre.

Judgment: Compliant

Regulation 6: Health care

There were arrangements in place to ensure that residents' healthcare was being delivered appropriately, including measures to protect residents from Covid 19. Access to general practitioners and healthcare professionals continued to take place as required, either by telephone or in person. Staff were reviewing residents daily for the signs and symptoms of COVID 19, and monitoring residents' temperatures. All staff and residents in the centre had been tested for COVID 19.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant