



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

Issued by the Chief Inspector

Name of designated centre:	Blackcastle
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	13 January 2022
Centre ID:	OSV-0005864
Fieldwork ID:	MON-0027190

About the designated centre

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

The designated centre is based a short walking distance from a large town in County Meath and provides 24 hour support to three female adults. The centre comprises of a three storey building, the ground floor consists of an entrance hallway with a stairs which leads to the first floor. The first floor comprises of a large sitting room, a toilet, a kitchen/dining area, a small staff office and two balconies. The second floor contains three bedrooms, a bathroom and a medication room. The centre is staffed by a full time person in charge and support workers. There is one staff on duty during the day and one staff on waking night duty. All of the residents here attend a day service Monday to Friday and lead very active lives in their community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 13 January 2022	11:00hrs to 17:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This centre was very well resourced and residents enjoyed a good quality of life here. They were supported to lead independent lives and make choices about how they wanted to live their lives. Some minor improvements were required in two regulations as discussed later in this report.

On arrival to the centre all of the residents were at their day placement which they attended Monday to Friday. When they arrived back to centre, they were very happy to show the inspector their bedroom and chat about what it was like to live there.

The house was homely, decorated and maintained to a high standard and was clean. All of the residents had their own bedrooms which had been personalised to their individual tastes. At the time of the inspection, the residents spoke about their plans to change the colour of their bedroom paint and some were planning to purchase new furniture or change the lay out of their bedrooms. The residents were planning to paint the bedrooms themselves with the support of staff. Indeed during the time when restrictions were in place due to COVID-19 they had painted the handrail on the stairs because they did not like the colour of it. This informed the inspector that the residents were involved in decisions about their home.

The residents had also completed the questionnaires provided by the Health Information and Quality Authority (HIQA) as part of this inspection giving their views on the quality and safety of care provided. The feedback on the questionnaires was very positive. The residents said they were very happy with the staff and liked living here. Some of the comments included ' lovely place' 'like being close to town', ' choose what I want to do', ' talk to staff if unhappy'. One said that they ' were looking forward to having lots of visitors and house parties when the virus goes away'. All of the residents said that they wanted their rooms painted and this was in their plan for the coming year.

The residents themselves also gave similar feedback to the inspector. Residents spoke about being involved in various activities in their community, maintaining links with their family and friends and how well they liked the staff. One resident had prepared a written note for the inspector describing how they liked the staff.

One resident spoke about overseeing some of the paperwork and checks conducted in the centre. For example; this resident was responsible for doing some of the health and safety checks. This again informed the inspector of the residents involvement in decisions about their home.

Weekly meetings were held to plan menus and activities for the week. The residents spoke about being involved in preparing and making dinners, taking turns to cook meals for each other and about baking some of their favourite recipes.

Monthly meetings were also held with residents to discuss things that were

happening in the centre or issues that may affect them. For example; residents were informed about COVID-19 restrictions, fire safety, protecting themselves, how to make a complaint and their rights. All staff had attended training in human rights to support residents with exercising their rights.

During the public health restrictions community access had been limited in line with public health advice. However, the residents had kept pictures about some of the things they had got up to over the last two years. Some of the activities included themed party nights, gardening and helping out with house hold chores.

As restrictions eased residents had been for an overnight stay in a hotel, for a spa day and had afternoon tea in a nearby hotel. Some of the other activities that residents were involved in included, boxing, swimming and learning the guitar.

Residents said they could choose what they wanted to do in the centre. For example; one resident said that if they didn't want to attend day placement some days then they just stayed at home. Another resident spoke about being supported by staff and allied health professionals about a decision they had made to refuse some medical interventions.

Residents were aware of what was in their personal plan and spoke to the inspector about some of their needs. This informed the inspector that residents were included in their care and support needs. All of them had created a 'wish list' for 2022 of things they would like to do. One of the things they all wanted to do was go on a foreign holiday this year to somewhere sunny.

Monthly key worker meetings were also held to discuss how some of the items on their wish list were progressing. The inspector noted on one record that some of the items were not achieved for the resident. The resident explained to the inspector that they changed their mind and wanted to do something else instead.

There was a real sense from talking to the residents that they had a very good relationship with the staff members. They spoke highly of all the staff and the person in charge. All of them said that they had the person in charges mobile number in their own phones and could contact them anytime.

Staff spoken with, including the person in charge knew the residents well and it was observed that residents were very much at ease in the company and presence of staff. The staff were respectful, warm, caring and professional in their interactions with the residents.

It was evident that the residents' views and opinions were really considered in the centre. The residents were able to advocate on their own behalf in this centre and were able to make decisions around their lives. This meant the inspector found numerous examples of where residents' rights were respected in the centre.

Overall, the residents were being supported to live a good quality of life in this centre. The inspector also observed that staff appeared to know the residents well and were respectful, caring and professional in their interactions with the residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

Overall the centre was well managed and centred around providing high standards of care to the residents living there. Two areas of improvement were required under fire safety and the records stored in the centre.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. As they were also a person in charge for another designated centre under this provider, they were supported in their role by a team leader. The person in charge provided good leadership and support to their team. They reported to an operations manager who was also a person participating in the management (PPIM) of the centre. They had regular contact with each other over the phone and through monthly meetings.

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. If required a regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call systems. They also had supervision conducted with the person in charge to review their personal development and raise concerns if needed.

Staff personnel files reviewed were found to contain the information required under the regulations. For example Garda vetting was in place for staff.

From a sample of training records viewed the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; basic life support, safeguarding adults, fire safety, manual handling, mental health, first aid and infection prevention and control.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Both the annual review and the last six monthly audit report had highlighted a small number of actions which required attention. The inspector followed up on some of these actions and found that they had been completed. For example; some of the paper work needed attention in the centre and this had been completed. Other audits were also completed in areas such as; fire safety, health and safety and infection control. The inspector also followed up on

actions that had arisen from the last inspection of the centre and found that they had been completed. For example; at the last inspection, there were issues in relation to medicine management and these had been addressed.

A review of incidents that had occurred in the centre over the last year, informed the inspector that the person in charge had notified the Health Information and Quality Authority (HIQA) as required under the regulations.

Some of the records stored in the centre required review. For example; there were three documents outlining the supports in place to manage a resident who had diabetes. Some of the information in these documents did not match and while the inspector was satisfied that the staff were aware of the proper supports advised by the allied health professional concerned, it could pose a risk to the resident if the records were not accurate.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the designated centre in line with the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed full time in the organisation. They were also in charge of another designated centre under this provider. The inspector was satisfied that the provider had systems in place to ensure oversight of both centres in response to this.

Judgment: Compliant

Regulation 15: Staffing

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. If required a regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

Staff personnel files reviewed were found to contain the information required under the regulations. For example Garda vetting was in place for staff.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; basic life support, safeguarding adults, fire safety, manual handling, mental health, first aid and infection prevention and control.

Staff met said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis or via an out of hours on call systems. They also had supervision conducted with the person in charge to review their personal development and raise concerns if needed.

Judgment: Compliant

Regulation 21: Records

Some of the records stored in the centre required review. For example; there were three documents outlining the supports in place to manage a resident who had diabetes. Some of the information in these documents did not match and while the inspector was satisfied that the staff were aware of the proper supports advised by the allied health professional concerned, it could pose a risk to the resident if the records were not accurate.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre was adequately resourced and management systems in place ensured effective oversight of the care and support provided to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre, including an easy read version

for residents. This document had been reviewed in line with any changes in the centre. Some small improvements were required to the document which were amended by the person in charge.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that had occurred in the centre over the last year, informed the inspector that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

Judgment: Compliant

Quality and safety

Overall the residents enjoyed a safe quality service in this centre. Residents were supported to have meaningful and active lives of their choosing within the centre and within their community. All of the residents said they loved living here and were happy with the people they were sharing the house with. One minor improvement was required in fire safety as discussed later in this report.

As stated the property was well maintained and residents were in the process of changing some of the décor in the centre.

From viewing a small sample of files, the inspector saw that residents were being supported to achieve personal and social goals and to maintain links with their families and community.

Personal plans were in place for all residents. Including an easy read version to keep residents informed. Residents were supported with their health care needs and had required access to a range of allied health care professionals, to include GP, dietitian, psychiatrist and occupational therapy. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health. As stated earlier improvements were required in some records stored in the personal plans.

Residents were supported to experience best possible mental health and where required had access to the support of allied health professionals. Where required, residents had a positive behavioural support plan in place. There were no restrictive practices used in this centre.

There were systems in place to manage and mitigate risk and keep residents safe.

This included a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented. For example; a debrief was conducted with staff members to identify learning if any from an incident.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The residents themselves said they felt safe and would talk to staff if they had concerns.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; FFP2 masks were worn by staff when residents were in the centre. There were adequate hand-washing facilities and hand sanitising gels available and enhanced cleaning schedules were in place. Staff were observed cleaning touch points on the day of the inspection. Residents had hand sanitising gels in their bedroom and were observed using it by the inspector. There were measures in place to ensure that both staff and residents were monitored for possible symptoms of COVID 19. The person in charge audited these practices on a weekly basis to ensure ongoing compliance.

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, the fire alarm and fire extinguishers had been serviced where required. Residents had personal emergency evacuation plans in place outlining the supports they required. Fire drills had been conducted to assess whether residents could be evacuated. However, there were times in the centre where two residents could remain alone in the centre for periods of time without staff support. This had been risk assessed in order to mitigate risks to the residents. However, a fire drill had not been completed to assure that when a staff member was not present in the centre, that the residents would safely evacuate the centre. The inspector also observed a cupboard in the centre where an electrical item and paper records were stored. This had not been included in the fire risk assessment for the centre. The person in charge took reasonable measures to address this prior to the end of the end inspection to mitigate this potential risk until such time that it could be fully reviewed and risk assessed.

Systems were in place to ensure that the rights of the residents were promoted and protected. Residents were able to choose their daily routines and made their own decisions (with support as and where required).

Regulation 13: General welfare and development

Residents had access to facilities for occupation and recreation, opportunities to participate in activities in accordance with their interests and were supported to develop and maintain personal relationships and links with the wider community in

accordance with their wishes.
Judgment: Compliant
Regulation 17: Premises
The premises were clean, suitably decorated and kept in a good state of repair.
Judgment: Compliant
Regulation 26: Risk management procedures
There systems in place to manage and respond to risk in the designated centre.
Judgment: Compliant
Regulation 27: Protection against infection
There were systems in place to manage/prevent an outbreak of COVID 19 in the centre.
Judgment: Compliant
Regulation 28: Fire precautions
A fire drill had not been conducted when residents were left alone in the centre for short periods of time.
One cupboard in the centre where an electrical piece of equipment was stored along with paper records had not been risk assessed prior to the inspection.
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan

Residents had personal plans in place, which included an up to date assessment of need. The residents themselves were aware of their needs and were involved in decisions around the care being provided.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs, including the support from allied health professionals where required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and where required had access to the support of allied health professionals. Where required, residents had a positive behavioural support plan in place. There were no restrictive practices used in this centre.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The residents themselves said they felt safe and would talk to staff if they had concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to ensure that the rights of the residents were promoted and protected. Residents were able to choose their daily routines and made their own decisions (with support as and where required).

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Blackcastle OSV-0005864

Inspection ID: MON-0027190

Date of inspection: 13/01/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Person In Charge has reviewed and updated the resident's personal plan to reflect guidance in diabetes management plan. Completed 14.01.2022</p> <p>The Head of Operations will review and monitor records in monthly monitoring visits to ensure information in documentation is accurate. Commencing 25.02.2022.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The organisation's Fire safety officer is completing a fire risk assessment in the Centre 11.02.2022. This will risk assess the cupboard storing electrical equipment and provide appropriate management of same. To be completed by 11.02.2022</p> <p>The person in charge has devised a risk assessment and local protocol for the safe management of the electrical equipment in cupboard. Completed 13.01.2022</p> <p>The Person in Charge has carried out fire drills for residents when they are left alone in centre. Completed 21/01/2022</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 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	25/02/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	11/02/2022
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	21/01/2022

	followed in the case of fire.			
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