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

Issued by the Chief Inspector

Name of designated centre:	Windemere, Balbriggan
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	26 January 2022
Centre ID:	OSV-0006374
Fieldwork ID:	MON-0027413

About the designated centre

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

Windemere is a large eight bedded detached home set in its own grounds in a town in Co. Dubllin. The home is in walking distance to many local amenities and public transport links. Windemere can accommodate up to six adult service users in total, four in a group living arrangement within the house and two in self-contained apartments that are attached to the group living home. In the group setting the residents have a shared kitchen, large dining room, sitting room, sun room and further quiet room. Each resident has their own individual bedroom. A further two residents can be accommodated in additional self-contained apartments complete with own kitchen/living space, bathroom, and sitting room. All placements are on a full time permanent basis. Windemere aims to provide appropriate support to individuals over the age of 18 years with a diagnosis of intellectual disability, mental ill health and assessed medical needs. The staffing compliment includes a person in charge, team leaders, and support staff. There is one waking night staff on each night as well as one sleep over staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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 (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
Wednesday 26 January 2022	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents living in the centre received care and support which met their assessed needs. However, there were some improvements required to ensure that specific goals were established for residents to maximise the individual resident's personal development in accordance with their wishes.

The centre comprised of a large detached house which included two self contained apartments. The centre was registered to accommodate a total of six residents. However, at the time of inspection there were four residents living in the centre and consequently two vacancies. Two residents were each living in their own self contained apartment and the remaining two residents were living in the main area of the house. Each of the residents had only been admitted to the centre in the preceding two year period. There were appropriate governance and management systems in place which ensured that appropriate monitoring of the services provided was completed.

On this inspection, the inspector met briefly with three of the four residents living in the centre. Conversations between the inspector and the residents was undertaken with the inspector wearing an appropriate medical grade face mask and social distancing. Warm interactions between the residents and staff caring for them was observed. One of the residents provided the inspector with a guided tour of their self contained apartment. The resident appeared very proud of their home. Each of the residents met with appeared in good form and comfortable in the company of staff. Two of the residents spoken with, told the inspector that they enjoyed the company of a number of the other residents and staff. A resident was observed to enjoy a foot spa whilst another resident went for a walk with staff.

There was an atmosphere of friendliness in the centre. Numerous photos of the residents and their family members were on display. One of the residents had a keen interest in volcanoes and had pictures of volcanoes and a world map depicting volcano locations. Staff were observed to interact with residents in a caring and respectful manner. For example, one of the residents was excited about the delivery of a trampoline and swing for their own garden area and were calmly supported by staff to manage their emotions. In addition, staff were observed to knock and seek permission to enter a resident's bedroom.

The centre was found to be comfortable, accessible and homely. There was a medium sized and well maintained garden for the resident's use and two separate smaller gardens for the individual use of the residents in each of the apartments. The main house was spacious with a good sized kitchen, dining and sitting room area. Each of the two apartments were a suitable size and had been nicely decorated. Each of the residents had their own bedroom which had been personalised to their own taste. This promoted the residents' independence and

dignity, and recognised their individuality and personal preferences.

Residents and their representatives were consulted and communicated with, about decisions regarding the residents' care and the running of the centre. There was evidence of regular house meetings with the residents and conversations with residents in relation to their needs, preferences and choices regarding activities and meal choices. The inspector did not have an opportunity to meet with the residents' relatives but it was reported that they were happy with the care and support that the residents were receiving. A number of relatives had completed an Office of the Chief Inspector questionnaire specifically for this inspection. Overall, these reflected that families were happy with the service being provided for their loved ones. The residents had access to an advocacy service if they so wished.

The residents' were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including visits to the centre, video and voice calls. Visiting to the centre had been restricted in line with national guidance for COVID-19 but had resumed in the preceding period. A support plan had been put in place for the residents in respect of COVID-19 and its impact on their life.

The residents were supported to engage in meaningful activities in the centre, although some residents were reluctant to engage in many activities. With the lifting of national restrictions for COVID-19, there was evidence that residents were accessing activities in the community. Two of the residents were engaged in a formal day service programme whilst efforts were being made to secure a suitable day service for the other two residents. Examples of activities engaged in by the residents included, Jigsaws and board games, walks to local scenic areas, arts and crafts, computer games, listening to music, train journeys, cinema, foot spas, swimming and going out for meals. The centre had a vehicle for use by the residents.

The majority of the staff team had been working in the centre for an extended period. However, there were staff vacancies at the time of inspection. The inspector noted that the residents' needs and preferences were well known to staff met with, and the person in charge.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs.

The centre was managed by a suitably qualified and experienced person. She had a

good knowledge of the assessed needs and support requirements for each of the residents. The person in charge had taken up the position on an interim basis in November 2021. The interim person in charge also held the title of head of operations. Recruitment was underway for a new person in charge. The interim person in charge had more than 15 years management experience. She was in a full time position and was also responsible for one other designated centre, in addition to her responsibilities as head of operation. She was supported by three and a half, whole time equivalent team leaders in this centre. She was found to have a good knowledge of the requirements of the regulations.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The interim person in charge reported to the regional director, who in turn reported to the chief executive officer. The interim person in charge and regional director held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service. However, this review did not include consultation with residents and family representatives as required by the regulations. Unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations had been completed. In addition, the provider completed monthly monitoring visits and reports and it was noted that these included feedback from service users and their representatives. The person in charge had undertaken a number of other audits and checks in the centre on a regular basis. Examples of these included, quality and safety checks and audits. There was evidence that actions were taken to address issues identified in these audits and checks. A quality enhancement plan was in place which included issues identified through the various audits and proposed actions. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, at the time of inspection the full complement of staff were not in place. There were four whole-time equivalent staff vacancies in the centre with a further two vacancies expected by the end of the month. A number of relief and agency staff were being used to cover these vacancies. Although it was evident that efforts were made to use the same agency staff, this was not always possible. Consequently, this meant that consistency of care for the residents, to enable relationships between the residents and staff to be maintained could not be assured. The majority of the staff team had been working with the residents for an extended period which did provide some consistency of care. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, at the time of inspection, there were four whole time equivalent staff vacancies with a further two vacancies expected by the end of the month. A number of relief and agency staff were being used to cover these vacancies. Although it was evident that efforts were made to use the same agency staff, this was not always possible.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff had attended all mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service. However, this review did not include consultation with residents and family representatives as required by the regulations. The provider had completed unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. There was a quality enhancement plan in place.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents living in the centre, received care and support which was of a good quality and person centred. However, some improvements were identified in relation to the arrangements for the annual review of residents' personal plans.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. An everyday living assessment and support plan was in place for each of the residents. These reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual review of the personal plans had been completed. However, the review did not always assess the effectiveness of the plan in place and identify specific goals for the resident to support them to reach their full potential.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments. These outlined appropriate measures in place to control and manage the risks identified. There was a risk register in place. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences. Suitable precautions were in place against the risk of fire.

Residents were provided with appropriate emotional and behavioural support. Behaviour analyst consultants were engaged by the provider to work with a number of the residents. They provided regular support for the individual residents and staff team. Behaviour support plans were in place for the residents identified to require same. The provider had a safeguarding policy in place. There had been no allegations or suspicions of abuse in the preceding period. Intimate care plans were in place for residents identified to require same which provided sufficient detail to guide staff in meeting the intimate care needs of residents.

There were procedures in place for the prevention and control of infection. The provider had completed risk assessments and put a COVID-19 contingency plan in

place which was in line with the national guidance. The inspector observed that all areas appeared clean and in a good state of repair. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Temperature checks for staff and residents were being undertaken at regular intervals. In line with national guidance, disposable medical grade face masks were being used by staff whilst in close contact with residents.

Regulation 17: Premises

The centre was found to be homely, suitably decorated and in a good state of repair. The centre comprised of a large detached house which included two self contained apartments. Each of the areas were spacious with a good sized kitchen, come dining and sitting room area. Each of the residents had their own bedroom which had been personalised to their own taste. A number of areas had recently been refurbished.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of the resident, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. A cleaning schedule was in place and the centre appeared clean. A COVID-19 preparedness and service planning response plan was in place which was in line with the national guidance. The premises was well maintained. Refurbishment work in a number of areas had recently been completed, which included replacement of flooring in a number of areas.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire drills involving the residents were undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner. There was documentary evidence that the fire fighting equipment and the fire alarm were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the residents in the event of fire was prominently displayed. Self closing devices had been installed on all fire doors. Fire safety arrangements were noted to be discussed at residents meetings. The residents had personal emergency evacuation plans which adequately accounted for the mobility and cognitive understanding of the individual residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. However, some improvements were required to ensure that the annual review of the personal plans, assessed the effectiveness of the plan in place in line with the requirements of the regulations, and to ensure that specific goals were established for residents to maximise the individual resident's personal development in accordance with their wishes.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' healthcare needs appeared to be met by the care provided in the centre. Health plans including dietary assessment and plans were in place. There was evidence that specific feeding, eating and drinking guidelines were being followed for residents identified to require same. Residents had regular visits to their general practitioners and other allied health professionals as required. Health passports with pertinent detail were on file should a resident require transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents appeared to be provided with appropriate emotional and behavioural support. There were documented reactive strategies in place to guide staff in supporting the residents to deal with identified activities. A register was maintained of all restrictive practices which were subject to regular review. A behaviour analyst consultant was engaged by the provider to work with a number of the residents.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no safeguarding incidents in the centre in the preceding period. The provider had a safeguarding policy in place and a staff member spoken with was aware of safeguarding procedures.

Judgment: Compliant

Regulation 9: Residents' rights

The residents rights were promoted in the centre. Residents' had access to an advocacy service if they so wished. One of the residents had an identified independent advocate. There was evidence of consultations with the resident and their family regarding their care and the running of the house. On the day of inspection, all interactions with residents were observed to be respectful.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Windemere, Balbriggan OSV-0006374

Inspection ID: MON-0027413

Date of inspection: 27/01/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Registered Provider currently has a rolling advertisement for the position of support worker opportunities on various media platforms. The advertisement will remain live until all vacancies have been filled. • In early February 2022 4 WTE fulltime posts were offered to successful applicants. Pre-employment checks are due to be completed by 28/03/22. • In mid-February 2022 two relief posts were offered to successful applicants. These measures will reduce the need for agency staff and enable consistency between the staff team. To be completed by 15/04/2022. • The Registered Provider will as far as possible attempt to restrict agency staff to a limited pool of staff in order to enhance the familiarity with the service users. • The Registered Provider will recruit 2 additional WTE Support Workers. To be completed by 15/04/2022.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • There is currently an action plan in place to ensure outcomes from September 2021 service user surveys are achieved and will be completed by 04/03/22. • The Registered Provider will complete an annual review in May 22 and will ensure the review includes input and feedback from residents and family members. The service currently offers stakeholders and service users the opportunity to provide feedback and	

input using surveys which will be incorporated into the review to ensure compliance. To be completed by 29/05/2022.

• The Registered Provider will update the policy relating to annual reviews and these will be signed off by both the PIC and PPIM. To be completed by 29/05/2022.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• The Registered Provider will arrange a further annual review in April 2022 and ensure the effectiveness of the plan in place is assessed in line with the requirements of the regulations, and ensure that specific goals are established to maximise the individual resident's personal development in accordance with their wishes.To be completed by 30/04/2022.

• All residents will have completed a 2022 wish list/goals setting key working session by 28/03/22.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	15/04/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	29/05/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Substantially Compliant	Yellow	30/04/2022

	frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			