



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

Name of designated centre:	Brookvale House
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	14 August 2018
Centre ID:	OSV-0004351
Fieldwork ID:	MON-0021879

About the designated centre

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

Brookvale House is a residential house, providing care and support for 8 adults with an intellectual disability who may have associated physical disability. Currently Brookvale House provides care and support for male and female service users. All service users are empowered to enjoy everyday living, irrespective of the complexity of their needs. This is evidence based through the setting of person centred outcomes which are measured on a regular basis to evidence achievement.

The following information outlines some additional data on this centre.

Current registration end date:	04/01/2019
Number of residents on the date of inspection:	8

How we inspect

To prepare for this inspection the inspector or 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
14 August 2018	11:00hrs to 16:30hrs	Andrew Mooney	Lead
14 August 2018	11:00hrs to 16:30hrs	Michael Keating	Lead

Views of people who use the service

In response to the needs of residents, the inspectors did not engage verbally with residents for any extended time. The inspectors judgements in relation to the views of the people who use the service, relied upon observation of residents, documentation, and discussions with staff.

The residents that did speak to the inspectors said they were happy in their home. Residents also appeared very comfortable in the company of staff.

Capacity and capability

Overall, the registered provider and person in charge were ensuring a good quality and safe service for residents in the centre. Care and support was found to be person-centred and in line with residents' choices, needs, and wishes.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. There was a suitably qualified and experienced person in charge, who demonstrated that they could lead a quality service and develop a motivated and committed team. Residents and staff could clearly identify how they would report any concerns about the quality of care and support in the centre. There were arrangements in place to monitor the quality of care and support in the centre including an annual review of the quality and safety in the centre and six monthly visits by the provider or their representative. A number of audits were also completed regularly in the centre. There was evidence that residents and their representatives had been involved in the review of quality of care and supports in the centre. There was a written statement of purpose in the centre which accurately and clearly described the services provided in the centre.

There was sufficient staff with the required competencies to manage and deliver person-centred, effective and safe services to the residents within the centre. Staff were observed to treat residents with respect and warmth. Staff were supported and supervised to carry out their duties to protect and promote the care and welfare of the residents within the centre. Staff in the centre also had access to training and refresher training in line with the statement of purpose.

There was a complaints procedure in place and complaints and concerns were generally listened to and acted upon in a timely, supportive and effective manner. However, on one occasion a documented complaint was not managed as per the centres policy. It was therefore unclear if this complaint had been managed

effectively.

There was a written policy on admission, transition and discharge from the designated centre. Each resident had an agreement in place that outlined the service provided. However, the fees set out in these agreements were inconsistently applied. This led to some residents being charged for the use of the bus and others being exempt from these charges.

There were appropriate policies and procedures in place to guide staff practices and to support residents.

Regulation 14: Persons in charge

There was a full-time person in charge in post, who was suitably skilled, qualified and experienced.

Judgment: Compliant

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflects up-to-date, evidence based practice.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had written and agreed contracts in place. However, there were inconsistent practices in place relating to the fees to be charged.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedules.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had provided an effective complaints procedure for residents which was in an accessible format and included an appeals procedure. However, not all complaints were effectively managed in line with the centres policy.

Judgment: Not compliant

Regulation 4: Written policies and procedures

All required schedule 5 policies and procedures were in place.

Judgment: Compliant

Quality and safety

This provider had previously been issued a provider warning letter, which related to concerns about the providers ability to support residents safely during admission to

acute services. This inspection was used to identify had the centre come back into compliance after their warning period and to inform a renewal decision. Overall, the inspectors found that as a response to the warning letter the provider had made arrangements to ensure residents were supported to safely transition to acute services.

There was a comprehensive assessment of the health, personal, social care and support needs of each resident in the centre. These assessments were used to inform associated plans of care for each of the residents. Residents' goals were planned and progressed through regular key worker meetings. However, not all residents had access to meaningful community integration. This led to some residents experiencing limited activities and an over reliance upon centre based initiatives.

Each resident had access to appropriate healthcare to support their assessed needs. This included access to a GP of their choosing and when medical treatment was recommended, this was agreed with the resident and facilitated by the provider. Residents had access to relevant allied health professionals in line with their assessed needs and were supported to take proactive steps with their healthcare needs.

Each resident experienced care that supported positive behaviour and emotional wellbeing. That being said, some support plans required review as they had not been reviewed in line with the residents' personal plan.

There were appropriate measures in place to protect residents from being harmed and or suffering from abuse.

The health and safety of residents, visitors and staff was promoted and protected in the centre. There were appropriate policies and procedures in place for risk management and emergency planning. Residents had the opportunity to live a full life without undue restriction, due to the way the centre managed risk.

There were a range of appropriate fire precautions in place. The registered provider had ensured that all fire equipment and building services were provided and maintained appropriately. Fire safety checks took place regularly and were also recorded. However, it was unclear if the centre could be evacuated during times of full occupancy and when the lowest number of staff were on duty. Furthermore, there was a ski-sledge available to evacuate residents but staff were unclear as to who and under what circumstances it should be used.

Medicines management, monitoring and review within the centre was adequate and there were sufficient arrangements in place to support the administration of prescribed emergency medication.

Regulation 13: General welfare and development

There was insufficient evidence that all residents had appropriate opportunities to engage in meaningful activities in their community.

Judgment: Not compliant

Regulation 17: Premises

The premises met the needs of residents and the design and layout promotes residents' safety, dignity, independence and wellbeing.

Judgment: Compliant

Regulation 18: Food and nutrition

There was adequate amounts of food and drink which was wholesome, nutritious, and offered choice at mealtimes. Furthermore, there was sufficient numbers of trained staff to offer residents assistance, when necessary and in a sensitive and appropriate way.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Planned supports are now in place to support residents during temporary transfer to acute services. This includes the the provision of relevant and appropriate information being shared during the transfer.

Judgment: Compliant

Regulation 26: Risk management procedures

Reasonable measures were in place to prevent accidents and these measures were relative to the risk identified.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for the prevention and detection of fire and all staff have received suitable training in fire prevention and emergency procedures. However, the fire drills completed did not provide sufficient assurances that the centre could be evacuated during times of full occupancy, when the lowest number of staff were on duty.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The practice relating to the ordering, receipt, prescribing, storing, including medicinal refrigeration, disposal, and administration of medicines was appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment used to identify the individual health, personal and social care needs of each resident. The outcome of these assessments was used to inform an associated plan of care for the residents and this was recorded as the residents' personal plan.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents with behaviours that challenge. However, not all support plans had been reviewed annually.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were protected from all forms of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Brookvale House OSV-0004351

Inspection ID: MON-0021879

Date of inspection: 14/08/2018

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 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • The Registered Provider has ensured that all contracts of care for all residents residing in the designated centre have been reviewed in line with the Residential Support Services Maintenance and Accommodation Contributions –General Implementation Guidelines as issued on 2.4.18. • The Person in Charge has reviewed the financial audit in respect of each resident to ensure there are consistent practices in place relating to all fees charged to residents and in line with statutory regulations. • The Registered Provider has ensured the Person in Charge has reviewed all transport agreements in the centre to also ensure consistency of charges are implemented in line with organisational policy - Resident's Transport Policy. 	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The Registered Provider has ensured that all complaints have been effectively managed in line with the centre's complaint's policy. • At the time of the inspection there was one documented complaint not managed as per policy. The Registered Provider has reviewed this complaint in line with the centre's policy and closed as at 20.8.18. • The Registered Provider will ensure the Person in Charge supported by the complaints officer adheres to the complaints policy and procedure in respect of all complaints submitted .This will be achieved by ensuring same are reviewed monthly during the monthly monitoring visit completed by the Head of Operations, through internal audits and ensuring all staff are compliant with mandatory complaints training. 	

Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ul style="list-style-type: none"> • The Registered Provider will ensure that there is sufficient documentation to evidence that all residents have appropriate opportunities to engage in meaningful activities within their community and in line with their interests, choice and preference. • The Person in Charge will ensure through the care planning process and the specific outcomes identified for each resident that appropriate documented evidence is available. • The monthly key working process completed with residents will further document the activities to be completed in the forthcoming month and also include the outcomes identified within the care planning process are achieved with the required timeframes. • A weekly activity schedule will then be in place for each resident in a user friendly format to schedule these activities. • These systems will be monitored in the daily notes, daily handover, monthly summaries completed in respect of each resident, the monthly monitoring visit, internal audit and resident reviews. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The Person in Charge has completed a simulated fire drill which took place on 17/09/18. This involved 2 staff members evacuating all 8 residents. This was to reflect an evacuation during a time with full occupancy and with the lowest level of staffing on duty in the service. This drill was completed in 4 minutes and 30 seconds. • Fire drills will continue to take place every 3 months and include a simulated drill at least every 6 months as per policy. • Each of the resident's Personal Evacuation Emergency Plans were reviewed on the 23rd August 2018. • Training for all staff in the use of the fire sleigh will take place by the 31st of October 2018. • There is clear guidance in place in the Centre in relation to the use of the fire sleigh and all staff will be required to sign-off on same. • This guidance information will also be presented in a staff meeting in October 2018 and 3 monthly thereafter. • This will be reviewed on an on-going basis as part of the monthly monitoring visit report carried out by the Registered Provider to ensure on-going compliance. 	
Regulation 7: Positive behavioral support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioral support:</p> <ul style="list-style-type: none"> • The Registered Provider has ensured a review of all Positive Behavioral Support Plans was completed by the Positive Behavioral Support team on the 14/9/18. • The Positive Behavioral Support Plans were reviewed by the Positive Behavior 	

Support Team on the 14/09/18.

- All plans are now up to date.
- The Registered Provider will review all Positive Behavioral Support Plans as required and at least annually as a minimum.
- To ensure compliance the Person in Charge will be supported to track when reviews are due using a review planner for all residents.
- Compliance will be ensured by the registered provided through the Monthly Monitoring Visit Report.

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 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	30/09/18
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	30/09/18
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	19/10/18

Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	20/08/18
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	14/09/18