



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

Issued by the Chief Inspector

Name of designated centre:	Park Avenue, Dundalk
Name of provider:	Praxis Care
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	08 December 2020
Centre ID:	OSV-0007780
Fieldwork ID:	MON-0031087

About the designated centre

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

The is a service providing care and support to four adults so as to enable them to live independent lives (with support as required) within their own community. Each resident has their own bedroom (one en-suite) with space for their personal possessions, belongings and private living needs, consistent with that found in any regular family home environment. The house has two large bathrooms (with both bathing and showering facilities), one on the ground floor and a second bathroom on the first floor. There is fully furnished sitting room, a large fully equipped kitchen/dining room and a utility facility available to the residents. There is also an office/sleep over facility available to staff. The house has a spacious enclosed back garden and patio area for recreational use and a front garden with a private a parking facility. On street parking is also available. The house is located in the heart of a busy, vibrant town in Co. Louth. The location of the house promotes the independence of the residents due to its close proximity to adult education facilities, local amenities and bus/train services. The house is staffed by a full-time person in charge and a team of 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 8 December 2020	10:30hrs to 16:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met and spoke directly with three residents so as to get their feedback on the service provided. Written feedback on the service from some of the residents was also reviewed by the inspector.

One resident met the inspector on arrival to the house. The resident asked to see the inspectors identification and once viewed and happy with the identification, invited the inspector into their home. The house was large, warm, welcoming and had just been decorated for the Christmas holiday period. The inspector spoke with the resident for a short time over a cup of coffee whilst social distancing and wearing a face mask. The resident reported that they were very happy in their home and that they especially loved their room. They also spoke about their job as a gardener reporting they enjoyed it very much. The resident also informed the inspector that they had no complaints whatsoever about the service but if they had any concerns they would immediately report them to the person in charge or a staff member. They also reported that the staff team were very kind and caring.

Later on in the process the resident invited the inspector to view their home. It was observed to be spacious, very well maintained and decorated to the individual style and preference of the residents. For example, the resident was an avid football supporter and had pictures of their favourite teams on display.

The inspector briefly met two other residents over the course of the day. One of these residents worked in a local third level college and reported that they loved their job and loved living in the house. The other resident also appeared very happy and very much at home in the centre.

Written feedback on the service from residents also informed the inspector that residents were satisfied with the staff team and found staff to be caring and helpful. They also felt they were supported to be safe in their home, knew how to make a complaint and were happy with how they were supported to maintain contact with their families and loved ones. The inspector observed that residents were very much at ease in the company of staff and staff were seen to be professional, warm, caring and respectful in their interactions resident. Residents decided for themselves about what activities to engage in and what meals to have on a day-to-day basis and the inspector saw that these choices were respected by the staff team.

Capacity and capability

Residents appeared very happy and content in their home and the provider ensured

that appropriate supports and resources in place to meet their assessed needs. This was reflected in the high levels of compliance found across the regulations assessed as part of this inspection process. The model of care provided to the residents supported their autonomy, choice and independence.

The centre has a management structure in place which was responsive to residents' needs and feedback. There was a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by the Head of Operations.

The person in charge was a qualified professional and provided good leadership and support to their team. They ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the Regulations. They also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred and responsive service to the residents. They were also aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to meet the assessed needs of the residents. The inspector reviewed the training matrix and saw that staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, human rights, fire training, infection control and medication management. This meant they had the skills necessary to respond to the needs of the residents in a consistent and capable manner.

The person in charge and Head of Operations ensured the centre was monitored and audited as required by the regulations. The annual review of the quality and safety of care was not due at the time of this inspection, however; a six-monthly unannounced visit/self assessment audit had been completed in November 2020. This audit identified where the centre was meeting the requirements of the regulations and where improvements were required. A plan of action as then developed to ensure the required improvements were made in an adequate time frame. For example, the audit carried out in November 2020 identified that information on advocacy and human rights was to be made available in the centre, signage was required for fire safety and residents were to have financial assessments in place. All these issues were addressed at the time of this inspection.

Overall, from spending time with and speaking directly to the residents and from speaking with management and staff during the course of this inspection, the inspector was assured that the service was being managed adequately so as to meet the assessed needs of the residents. Residents reported that they were happy in their home and happy with the staff team overall.

Regulation 15: Staffing

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to meet the assessed needs of the residents. The inspector reviewed the training matrix and saw that staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, human rights, fire training, infection control and medication management.

Judgment: Compliant

Regulation 23: Governance and management

The centre was being monitored and audited adequately so as to ensure the service provided was appropriate in meeting the needs of the residents. The quality of care and experience of the residents was also being monitored and evaluated on an ongoing basis.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. It accurately described the service that will be provided in the centre and the person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and within their community and systems were in place to meet their assessed health and social care needs. However, aspects of the risk management process required review.

The individual social care needs of residents were being supported and encouraged.

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. Some residents were in paid employment and one was in college. Residents were also known in their local shops, were members of a gymnasium, were avid football supporters, liked to go for walks in the local park, liked to meet up with friends and also engaged in activities such as money management planning and cooking which further supported and promoted their independence.

Residents were also supported with their healthcare needs and as required access to a range of allied healthcare professionals, including GP services formed part of the service provided. Residents also had access to a dentist, occupational therapy, optician, audiologist and chiropodist. Hospital appointments were facilitated as required and care plans were in place to support residents in managing their health.

At the time of this inspection there were no complaints or safeguarding issues on file in the centre. However, residents had access to the safeguarding officer and information was available in the centre on how to make contact with an independent advocate. Residents also reported to the inspector that they felt safe in their home and would inform the person in charge if they had any concerns. From reviewing the training matrix the inspector saw that staff had training in safeguarding of vulnerable adults and human rights. From speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to.

There were also systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being in the service. However; aspects of the risk management process required review. For example, some of the control measures in place to manage specific and historic risks in the centre required updating, to ensure that these took account of the current circumstances as evidenced in the centre.

Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. There were COVID-19 risk assessments in place, COVID-19 contingency plans in place and the person in charge assured the inspector there were adequate supplies of PPE available in the centre which was being used in line with national guidelines. The person in charge also informed the inspector that in the event of a suspected and/or confirmed case of COVID-19 in the centre, residents would be able to self-isolate in their bedrooms with on-going support from staff. There were adequate hand washing facilities and hand sanitising gels available throughout the house as well.

Overall, residents reported to the inspector that there were very happy in their home and systems were in place to provide for their health and social care needs.

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being in the service. However, aspects of the risk management process required review. For example, some of the control measures in place to manage specific and historic risks in the centre required updating, to ensure that these took account of the current circumstances as evidenced in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control and donning and doffing of personal protective equipment (PPE) and hand hygiene. There were COVID-19 risk assessments in place, COVID-19 contingency plans in place and the person in charge assured the inspector there were adequate supplies of PPE available in the centre which was being used in line with national guidelines. There were adequate hand washing facilities and hand sanitising gels available throughout the house as well.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. 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.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents healthcare needs were being met with appropriate input from GP services and allied healthcare professionals as and when

required.

Judgment: Compliant

Regulation 8: Protection

There were currently no complaints or safeguarding issues in the centre however, if required, residents had access to the safeguarding officer and information was available on how to make contact with an independent advocate. Residents also reported to the inspector that they felt safe in their home and would inform the person in charge if they had any concerns. From reviewing the training matrix the inspector saw that staff had training in safeguarding of vulnerable adults and human rights. From speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to promote the rights of the residents living in the centre. Residents were consulted with about the running of their home and made their own choices regarding their daily routines (with support if 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Park Avenue, Dundalk OSV-0007780

Inspection ID: MON-0031087

Date of inspection: 08/12/2020

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The risk identified in the inspection has been reviewed by the PIC and Head of Operations. Although the risk remains the risk assessment has been updated to reflect the control measures in place to reflect the current practices to manage this. This has included additional staff hours allocated, training for both staff and resident. Access to the Providers in-house safeguarding team and a designated safe guarding officer on site.	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	10/12/2020