



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

Issued by the Chief Inspector

Name of designated centre:	Kettles Lane
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	29 April 2022
Centre ID:	OSV-0007914
Fieldwork ID:	MON-0031926

About the designated centre

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

Kettles Lane provides residential care for up to three residents, 18 years and older, with an intellectual disability or autism who also have associated mental illness. The centre is located in North Co. Dublin close to a variety of local amenities and public transport links. It comprises of a dormer style, four bed room bungalow which is set on its own grounds. It is surrounded by a large garden. The residents are supported on a 24 hours basis while in the centre, by a staff team comprising of a person in charge, three team leaders and support workers. Staffing rosters are regularly reviewed and amended to meet the needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Friday 29 April 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 two residents living in the centre received care and support which met their assessed needs. There were appropriate governance and management systems in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations.

The centre comprised of a four bedroom detached house set on its own grounds. It was located in a quiet residential area, within walking distance of shops and other local amenities. The centre was registered in January 2021 to accommodate up to three residents under the age of 18 years. Two young people subsequently were admitted to the centre. In December 2021, the provider was granted an application to vary its conditions of registration to become an adult only centre. This was to facilitate the two residents who were transitioning into adulthood to continue living in the centre.

The inspector met with both of the residents on the day of inspection. Although neither resident was able to tell the inspector their opinion of the service, they appeared to be in good spirits and happy in the company of staff. There was evidence that the residents were happy living in their home. One of the residents was in a school placement while the other resident had a formal day service placement which it was reported they both respectively enjoyed.

There was an atmosphere of friendliness in the centre. Numerous photos of the residents and their family members were on display. Art work created by the residents was on display. This included pieces of art depicting birds created by one of the residents who had a keen interest in a variety of birds. There was a musical key board in the centre which it was reported that one of the residents enjoyed using on occasions. One of the residents bedrooms had been decorated with a 'space' theme which was that residents choice. Staff spoke fondly about both residents and how they promoted their rights. Staff were observed to treated residents with dignity and respect.

The centre was found to be comfortable, homely and overall in a good state of repair. However, it was noted that the tile grouting was stained in one of the residents en-suites and that there were small amounts of a mould like substance on the ceiling in that bathroom. There was a small amount of chipped paint on kitchen units and the stained wood work in some areas appeared worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective. Both residents had their own en-suite bedroom and living room area which had been personalised to their own taste. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences. A small library area had been created in an upstairs area with a collection of books. A well maintained, large garden surrounded the centre. There was a small patio area which included a table and seating for out door dining, two

basket swings and an array of potted and planted plants and flowers. Some sensory ornaments were on display on garden walls.

The resident and their representatives were consulted and communicated with, about decisions regarding the residents' care and the running of the house. It was evident that each of the resident's family members were active members of the resident's life and advocated for the individual resident. There were regular house meetings and conversations with the residents in relation to their needs, preferences and choices regarding activities and meals. The residents had access to an advocacy service if they so wished. Accessible information on the residents' rights was available in the centre. There was evidence that some key working sessions had been completed with the residents regarding their rights. A self medication assessment had been completed for each of the residents but it was deemed that it wasn't suitable for the residents to administer their own medication at that time.

The residents was actively supported and encouraged to maintain connections with their family, friends and representatives. Both of the residents visited their respective family homes on a weekly basis with the support of the staff team. This was reported to be a very important highlight of their week. Visiting to the centre had been re-established in line with national guidance. The inspector did not have an opportunity to meet with the residents' representatives, but it was reported that they were happy with the care and support that their loved one was receiving.

The residents were supported to engage in meaningful activities in the centre. One of the residents was in a school placement whilst the other resident had a formal day service placement. Examples of activities that the residents engaged in included, jigsaws and board games, use of educational material on their IPAD and phone, walks to local scenic areas and the beach, swimming, use of scooter, drums, use of outdoor exercise equipment in local parks and play grounds, arts and crafts, baking, playing in the garden, listening to music and reading books with staff. The centre had a vehicle for use by the residents.

There were two and a half whole time equivalent staff vacancies at the time of inspection. A regular panel of relief and agency staff were being used to cover these vacancies. This meant that there was consistency of care for the resident and enabled relationships between the resident and staff to be maintained. Recruitment was underway for the positions. The inspector noted that the resident's 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. The person in charge was on planned leave on the day of inspection but was spoken with separately over the phone. She held a degree in early childhood studies and a certificate in management. She had a good knowledge of the assessed needs and support requirements for each of the residents. She had more than four years management experience. She was in a full-time position, but was also responsible for one other centre. She was supported by three team leaders in this centre. The person in charge was found to have a good knowledge of the requirements of the regulations. She had regular formal and informal contact with her manager.

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 person in charge reported to the head of operations, who in turn reported to the director of care and operations. The person in charge and head of operations held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations. The head of operations completed regular monitoring visits which would cover areas such as finances, medications, complaints, staff rotas, incidents and near misses, personal plans and safeguarding arrangements. There was a quality enhancement plan in place which included issues identified through the various audits and proposed actions. Staff and separate management meetings had taken place 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. There was two and a half whole time equivalent staff vacancies at the time of inspection. Recruitment was underway for these vacancies. A regular panel of relief and agency staff were being used to cover the vacancies. This provided consistency of care for the residents. 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 resident. However, there were two and a half whole time equivalent staff vacancies at the time of inspection. A regular panel of relief and agency staff were being used to cover these vacancies. This meant that there was consistency of care for the residents and enabled relationships between the residents and staff to be maintained. Recruitment was underway for the positions

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for the 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 plans in place to complete an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations. Clear management structures and reporting arrangements were in place.

Judgment: Compliant

Regulation 31: Notification of incidents

There were systems in place to record of all incidents occurring in the centre and, where required, for their notification to the Chief Inspector within the timelines required in 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.

The residents' well being and welfare was maintained by a good standard of evidence-based care and support. An 'everyday living' care plan 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. The personal plans had been reviewed in line with the requirements of the regulations.

There were appropriate arrangements in place to protect the resident from being harmed or suffering from abuse. There had been one allegations or suspicions of abuse in the preceding period. This had been appropriately responded to and investigated. The provider had a safeguarding policy in place and staff had received appropriate training. A positive behaviour support plan had been devised for each of residents by a behavioural specialist. A restrictive practices register was in place and subject to regular review. An intimate care plan was in place which provided sufficient detail to guide staff in meeting the intimate care needs of the resident.

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. A risk register was maintained as a living document. 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 incidents. Suitable precautions were in place against the risk of fire. However, it was noted on the day of inspection that service labels on a number of fire extinguishers in the centre had not been updated by an external contractor although service record were in place. These service records reported that all fire extinguishers had been serviced and that all labels had been updated.

There were procedures in place for the prevention and control of infection. However, it was noted that there were a number of worn surfaces or surfaces with chipped paint. This meant that these areas could be more difficult to clean from an infection control perspective. 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. A cleaning schedule was in place which was overseen by the team leaders and 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 the resident were being undertaken at regular intervals. In line with national guidance, disposable surgical face masks were being used by staff while working with the residents.

Regulation 17: Premises

The centre was found to be homely, suitably decorated and overall in a good state of repair. However, it was noted that the tile grouting was stained in one of the residents ensembles and that there were small amounts of a mould like substance on the ceiling in that bathroom. There was a small amount of chipped paint on kitchen units and the stained wood work in some areas appeared worn.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file. A risk register was maintained as a living document. There were arrangements in place for investigating and learning from incidents and adverse events involving the resident

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. However, it was noted that the tile grouting was stained in one of the resident's ensembles and that there were small amounts of a mould like substance on the ceiling in that bathroom. There was a small amount of chipped paint on kitchen units and the stained wood work in some areas appeared worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drills involving the residents had been undertaken and the centre was evacuated in a timely manner. The fire alarm system was serviced 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. The residents each had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. However, it was noted on the day of inspection that service labels on a number of fire extinguishers in the centre had not been updated by an external contractor although service records were in place. These service records reported that all fire extinguishers had been serviced and that all labels had been updated.

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. The personal plans had been reviewed in line with the requirements of the regulations. Measurable goals had been identified for each of the residents.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs appeared to be met by the care provided in the centre. The residents' families actively collaborated with the centre and attended medical appointments with the residents. The residents each had their own general practitioner. A healthy diet and lifestyle was being promoted. A communication passport was in place with pertinent information for any requirement for a transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents appeared to be provided with appropriate emotional and behavioural support. A positive behaviour support plan had been devised for each of the residents by a behaviour specialist. A restrictive practice register was in place and

subject to regular review.

Judgment: Compliant

Regulation 8: Protection

There were appropriate arrangements in place to protect the resident from being harmed or suffering from abuse. The provider had a safeguarding policy in place. An intimate care plan was in place for the resident which provided sufficient detail to guide staff in meeting the intimate care needs of the residents. There had been one allegations or suspicions of abuse which had been appropriately responded to and investigated.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were promoted in the centre. The residents had access to an advocacy service if they so required. There was evidence of consultations with the residents and their representative regarding their care and the running of the house. Accessible information on the residents' rights was available in the centre. There was evidence that some key working sessions had been completed with the residents regarding their rights. A self medication assessment had been completed for both residents but deemed that it wasn't suitable for the residents to administer their own medication at that time.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	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 Kettles Lane OSV-0007914

Inspection ID: MON-0031926

Date of inspection: 29/04/2022

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All of the areas identified through the inspection process have been logged by the PIC on the Praxis Care maintenance system and a record kept in the scheme maintenance folder. The actions have also been captured on the scheme Quality Improvement Plan.</p> <p>A contractor visited the designated centre on 25.5.2022 to assess the works to be completed. The contractor has agreed to feedback to the PIC week beginning 30.5.2022 in regards to a proposed schedule for the works to be completed. The residents will be consulted with prior to the works commencing and where possible, the majority of the works will be completed while the residents attend their respective family homes for weekly overnight visits, to ensure the least amount of disruption to their daily routines occurs.</p> <p>The registered provider will ensure that:</p> <ul style="list-style-type: none"> • the kitchen worktop is replaced • the kitchen units are re-painted • the ensuite bathroom that is mentioned in the report will have the tiles re-grouted • an anti mould coating will be applied to the affected ceiling in the bathroom and it will then be re-painted <p>The Registered Provider will ensure that the listed works will be completed by 29.7.2022. This timeframe is set out in line with consulting with, and preparing the residents for the required works, and also bears in mind sourcing of the correct materials for the tasks, for example worktop made specifically to fit the required area.</p>	
Regulation 27: Protection against	Substantially Compliant

infection	
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

As per the findings under Regulation 17: Premises, the same compliance plan will apply to ensure compliance under Regulation 27: Protection Against Infection.

All of the areas identified through the inspection process have been logged by the PIC on the Praxis Care maintenance system and a record kept in the scheme maintenance folder. The actions have also been captured on the scheme Quality Improvement Plan.

A contractor visited the designated centre on 25.5.2022 to assess the works to be completed. The contractor has agreed to feedback to the PIC week beginning 30.5.2022 in regards to a proposed schedule for the works to be completed. The residents will be consulted with prior to the works commencing and where possible, the majority of the works will be completed while the residents attend their respective family homes for weekly overnight visits, to ensure the least amount of disruption to their daily routines occurs.

The registered provider will ensure that:

- the kitchen worktop is replaced
- the kitchen units are re-painted
- the ensuite bathroom that is mentioned in the report will have the tiles re-grouted
- an anti mould coating will be applied to the affected ceiling in the bathroom and it will then be re-painted

The Registered Provider will ensure that the listed works will be completed by 29.7.2022. This timeframe is set out in line with consulting with, and preparing the residents for the required works, and also bears in mind sourcing the correct materials for the tasks, for example worktop made specifically to fit the required area.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	29/07/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	29/07/2022