



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

Issued by the Chief Inspector

Name of designated centre:	Greenville House
Name of provider:	Praxis Care
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	17 June 2021
Centre ID:	OSV-0002113
Fieldwork ID:	MON-0032467

About the designated centre

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

The centre provides residential care specifically for adults with autism. The centre is set in five acres of land outside a village in a picturesque environment and there is also a day service and other facilities, such as horticulture and outdoor gym equipment in the grounds. The centre comprises a main house and six cottages and can accommodate 13 residents. The main house can accommodate five residents and the bungalows can accommodate either one or two residents. Residents were supported on a 24/7 basis by support workers, team leaders and a social care leader.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14
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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
Thursday 17 June 2021	10:30hrs to 18:30hrs	Lisa Redmond	Lead
Thursday 17 June 2021	10:30hrs to 18:30hrs	Conor Dennehy	Support

What residents told us and what inspectors observed

From what residents told us and the inspectors observed, it was evident that residents were enjoying a good quality of life where their rights were respected. This inspection of the designated centre took place three months after the registered provider, Praxis Care, had taken over as the registered provider for this designated centre. It was identified that residents had been supported throughout the transition of the management of the designated centre with the new registered provider.

On the day of the inspection, the inspectors met with 10 of the 14 residents that lived in the designated centre. As this inspection was completed by two inspectors, one inspector visited the largest house of the designated centre where five residents lived. The second inspector visited a cottage where two residents lived. The inspectors completed a walk-around in these two houses. Both inspectors window visited the other residents, where they met with them in the garden area. When residents chose not to meet with the inspectors, this choice was respected.

At the time of the visit to the house where five residents lived, one of these residents had gone to visit their family. However, the remaining four residents were met by the inspector with three staff members also present. Some of these residents did not directly engage with the inspector although one greeted the inspector and said that they liked watching certain television shows such as Coronation Street, Home and Away and the Late Late Show. Another resident asked the inspector some questions about the inspector which were answered.

While the inspector was present in this house, the residents were preparing to go to a nearby wildlife park with staff members. The staff members on duty engaged with residents in a very respectful and warm manner which helped create a positive atmosphere. For example, staff were overheard to ask residents' permission to put on sun screen given that it was a sunny day and residents would be walking outside when at the wildlife park. One resident was also asked what particular staff member they wanted to go with them on a quick visit away from the house. The resident named a particular staff member who went out with this resident with both returning shortly after.

Technology was used to obtain residents' choice and the inspector observed one instance where a staff member brought a tablet device to a resident which the resident used to select a type of drink that they wanted. This drink was then brought to the resident. Efforts were also made to explain any changes in residents' routines. For example, a family member of one resident called the house to arrange a visit for the resident for the weekend after this inspection. The staff member who took this call then sat with the resident and explained about the visit. The resident appeared to be in agreement with this visit to their family.

It was seen that various photos of residents were on display in this house along with

some art works completed by residents. This contributed to a homely feel and in general the house was well furnished and offered plenty of communal space for residents to engage in activities. For example, one room had a specific area and desk set up for one resident where they could engage in table top activities such as games and puzzles. This resident was observed to use this desktop to do some art work while another resident was seen to use a different communal room to watch television.

In the cottage where two residents lived, the inspector sat with residents as they watched television and listened to music. The residents did not communicate verbally with the inspector, however residents' facial expressions and body language indicated that they were comfortable in their home. One resident was observed rocking in their chair as they listened to the music on their radio. This resident was also observed getting a drink independently in the kitchen of their home. Staff members told the inspector that they monitored the resident's fluid intake and there was evidence of these recording charts in their home.

Residents in this cottage were also planning to visit a local wildlife park. Staff members told the inspector that the organisation's newly recruited behaviour specialist had planned to go on this outing with them. The purpose of this was to support the completion of an observational assessment for one resident, and the development of a plan in relation to behaviours that challenge.

One inspector met a resident who was going for a drive to get an ice-cream. The resident was sitting in the front of the vehicle with the driver, while a second staff sat in the back. The resident was holding a small folder with pictures. When asked where they were going, the resident indicated that they were going for an ice-cream by pointing at this picture in their folder.

One inspector also met a resident as they chatted with staff in the back garden area of their home. This area had a patio for the resident to enjoy. The resident told the inspector about their recent birthday and the gifts that they had received. The resident appeared relaxed in the presence of staff members.

To prevent footfall in the houses, the inspectors completed a walk around in two areas of the designated centre. In one resident's bedroom, it was noted that their en-suite bathroom had been renovated in line with their likes and assessed needs. However, it was seen that some residents' bedrooms had a particular type of lock on them which did not contribute to a homely feel. In addition, while it was acknowledged, that COVID-19 made carrying out house maintenance difficult, the inspector did observe that part of this house required some redecorating with some door frames chipped, a banister faded and part of the ceiling stained.

When the inspectors were walking on the grounds of the designated centre, it was also seen that some of the gutters of the smaller houses of this centre needed to be cleaned out. Grass cutting had been completed in the front gardens and in some areas of the residents' back gardens. It was noted that some areas appeared overgrown, however staff members told the inspectors that there was a horticulture programme in place to promote and protect the bees. There was evidence that

there was sufficient garden space that residents could use to retreat and relax.

There was evidence of lots of activities taking place on the day of the inspection, with residents going out and about with staff support. Supports were being provided to residents in a respectful manner which included promoting their choices. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

This inspection of the designated centre took place three months after the registered provider, Praxis Care, had taken over as the registered provider for this designated centre. It was evident that the transition of the governance and management of the designated centre had been completed in a timely manner, with actions to support the transition being completed on a priority basis. This had ensured continuity of care to residents, and supported effective oversight of the designated centre throughout the process. Where actions had not yet been completed, there were clear plans and timelines to ensure these actions were carried out.

At the time of the inspection, a clear governance and management structure had been put in place. The registered provider was reviewing the governance arrangements and management structures in place at the time of the inspection, to further strengthen the supports provided, and the oversight of the designated centre. This included the recruitment of additional team leaders. The statement of purpose outlined that they were five team leaders in the designated centre. However, it was acknowledged that three individuals were fulfilling this role at the time of the inspection.

Residents living in the designated centre were supported by a team of support workers, team leaders and a social care leader. All of these individuals reported directly to the person in charge. It was evident that the person in charge met the requirements of the regulations. The registered provider was actively recruiting an additional manager, which would decrease the current person in charge's remit from two designated centres to one designated centre.

It was noted that due to staffing vacancies, recruitment was taking place for support workers and team leaders, to ensure the designated centre was adequately resourced in line with the statement of purpose. As an interim measure, agency staff (staff sourced from an agency external to the provider) and relief staff worked in the designated centre on a regular basis. The registered provider acknowledged the challenges they had faced in trying to recruit staff members, and spoke about reviewing areas including their sick leave policy to attract candidates. It was evident

that consistent relief and agency staff had been made available.

From records reviewed it was seen that a plan was in place for all staff members working in this designated centre to have undergone formal supervision during April and May 2021 with further supervisions to take place for the rest of 2021. While it was noted that a majority of staff had received such supervision in April and May 2021, it was confirmed by the person in charge that some staff had not received this supervision. However, a schedule was in place for all staff to undergo supervision in July 2021. It was also seen that some staff meetings had taken place for the centre, although attendance at such meetings was noted to be low when compared to the total number of staff working in this designated centre.

Records provided indicated that all staff members working in this designated centre had received training in various areas such as fire safety, infection prevention and control, safeguarding, first aid and positive behaviour support. While some agency staff also worked in this designated, after completion of this inspection the Health Information and Quality Authority (HIQA) were provided with evidence of an agreement between the provider and the agency which indicated that all such agency staff had a minimum level of training before working in this centre, and had also completed Garda Síochána (police) vetting.

Having a policy on recruitment, selection and Garda vetting of staff is required by the regulations which also requires a number of other specific policies to be in place. Such policies are important as they provide guidance for staff and management on the procedures to follow for key matters relating to the services provided to residents. An inspector reviewed the provider's policies and noted that most of the required policies covering areas such as medicines management, admissions, and complaints were in place and had been reviewed within the previous three years. It was noted though that a specific policy on the provision of information to residents was not provided, however this policy was provided to the inspectors after the inspection of the designated centre.

The regulations also require residents to have a contract for the provision of services. Such contracts are important as they should set out the support, care and welfare that residents are to receive while living in a designated centre along with the fees to be charged. Inspectors reviewed a sample of such contracts and noted they contained the required information. Contracts must be agreed with residents or their representatives and it was noted that not all the contracts were indicated as being agreed although the provider was making efforts in this regard.

Regulation 14: Persons in charge

The person in charge had the necessary skills and qualifications to fulfil the role.

Judgment: Compliant

Regulation 15: Staffing

Due to staffing vacancies, recruitment was taking place for support workers and team leaders, to ensure the designated centre was adequately resourced in line with the statement of purpose. There were 3 whole time equivalent support worker vacancies being recruited at the time of the inspection. There were also two team leader posts not being fulfilled at the time of the inspection, in line with the statement of purpose.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The registered provider had ensured that staff members had received appropriate mandatory training to support them in their roles. This included fire safety, the safeguarding of vulnerable adults and infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

It was evident that there were management systems in place to ensure that the service provided to residents was safe and effectively monitored.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a contract outlining the support, care and welfare that residents are to receive while living in a designated centre along with the fees to be charged. Contracts must be agreed with residents or their representatives and it was noted that not all the contracts were indicated as being agreed although the provider was making efforts in this regard.

Judgment: Compliant

Regulation 4: Written policies and procedures

It was noted that the registered provider had ensured that policy and procedures were available in the designated centre, in line with Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. It was evident that residents had received continuity of care during the transition to a new registered provider. Residents enjoyed person-centred care that promoted their wellbeing.

Residents had individual personal plans in place which provided guidance and information on how residents' needs were to be met. Inspectors reviewed a sample of these and noted that they had been informed by relevant assessments. It was identified that such plans had not been developed with the input of residents nor their families. Ensuring residents are actively involved in the development of personal plans is important so that goals which are meaningful and important to residents can be identified and acted upon. However, the person in charge outlined plans for this to happen in the month following this inspection.

Where necessary, residents' personal plans also contained copies of any safeguarding plans which outlined ways to protect residents from abuse. The provider had a policy in place relating to safeguarding and records reviewed indicated that all staff members had received relevant training in this area. It was read from notes of staff team meetings that had taken place in recent months that a zero tolerance approach to any form of abuse was emphasised and staff members spoken with also demonstrated an awareness of some safeguarding matters related to residents in this designated centre.

However, at the outset of this inspection, the person in charge informed the inspectors about an allegation that had been recently made by a resident. This matter was reported to relevant statutory bodies and was under investigation at the time of inspection. Despite this, it was found during this inspection that all staff working with the involved resident were not aware of this allegation. This had the potential to negatively impact the resident as it could have resulted in the resident being put into a situation without appropriate protective measures being provided for while the allegation was being investigated. This was highlighted to the person in charge during the inspection.

Matters related to safeguarding had been risk assessed for individual residents. Such an assessment process was in keeping with the provider's risk management policy.

This policy outlined how specific risks, as outlined in the regulations, were to be responded to. From reviewing records it was seen that risk assessments relating to individual residents had been recently reviewed and covered various areas including COVID-19. During the inspection it was noted that measures were in place to protect residents from COVID-19. For example, there was regular temperature checking of staff, and staff had also received relevant training in the area of infection, prevention and control.

Inspectors observed the majority of staff using personal protective equipment (PPE) when supporting residents in line with relevant national guidance. However, an inspector did observe one instance where two staff entered one of the houses of this centre and came within 2 meters of a resident without wearing face masks. While this was an area for improvement, it was noted that the provider had a continuity plan in place for responding to COVID-19 concerns as well as an emergency plan outlining how to respond should an emergency should as a loss of power or a fire occur.

Fire safety systems throughout the houses of this centre included fire alarms, emergency lighting, fire extinguishers and fire blankets. It was seen that maintenance checks of such systems were carried out by external contractors to ensure that they were in proper working order. Fire drills were taking place regularly with low evacuation times recorded while all staff had also undergone training in fire safety. It was disclosed that the provider would be carrying out its own fire safety assessment of this centre in the weeks following this inspection. Inspectors had requested an update to identify if there was compartmentalisation of the attic areas where residents' houses were semi-detached. After the fire safety assessment was completed, the person in charge advised that while they were confident that compartmentalisation of the attic areas was in place, they had reviewed the evacuation procedures to include the evacuation of residents living in attached cottages, on activation of the fire alarm. This interim measure was put in place until a competent person could confirm that this compartmentalisation was in place. The person in charge agreed to inform the inspector of the outcome of this review after the inspection.

Regulation 10: Communication

It was evident that residents were supported to communicate in accordance with their wishes. Residents were observed using assistive technology and pictures to communicate their needs and wants.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in facilities for recreation and participate in activities.

Judgment: Compliant

Regulation 17: Premises

Some improvements were required to ensure that the designated centre was kept in a good state of repair externally and internally. When the inspectors were walking on the grounds of the designated centre, it was also seen that some of the gutters of the smaller houses of this centre needed to be cleaned out.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risk. The organisation's risk management policy outlined how specific risks, as outlined in the regulations, were to be responded to.

Judgment: Compliant

Regulation 27: Protection against infection

Inspectors observed the majority of staff using personal protective equipment (PPE) when supporting residents in line with relevant national guidance. However, an inspector did observe one instance where two staff entered one of the houses of this centre and came within 2 meters of a resident without wearing face masks.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Effective fire safety management systems were in place in the designated centre. Assurances from a competent person were provided to the inspector, which indicated that although they were confident that the attic areas between each unit would provide effective containment in the event of a fire, the registered provider

had reviewed the evacuation procedures to include the evacuation of residents living in attached cottages, on activation of the fire alarm.

This interim measure was put in place until a competent person could confirm that this compartmentalisation was in place. The person in charge agreed to inform the inspector of the outcome of this review after the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been completed. It was found that such plans had not been developed with the input of residents nor their families, however the person in charge outlined plans for this to happen in the month following this inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that residents were supported to manage behaviour that is challenging. Plans to support residents were being developed by a newly recruited specialist in the area of behaviour support.

Judgment: Compliant

Regulation 8: Protection

It was found during this inspection that all staff working with one resident were not aware of an allegation of suspected abuse. This had the potential to negatively impact the resident as it could have resulted in the resident being put into a situation without appropriate protective measures being provided for while the allegation was being investigated.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents had the freedom to exercise choice and control in their daily life. Supports were observed to be provided to residents in a respectful and person centred manner throughout the inspection.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
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	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenville House OSV-0002113

Inspection ID: MON-0032467

Date of inspection: 17/06/2021

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: <ul style="list-style-type: none"> The PIC is engaged in extensive recruitment. 3 x Team Leader posts have been offered as well as 4 x Support Worker posts. All posts in line with SOP, as well as a relief panel of staff, will be recruited by: 30/09/2021 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> The PIC met with Maintenance Manager to review required works to premises and a schedule of work has been agreed. The Provider has ensured a Cyclical Maintenance schedule has been developed which the PIC will oversee with Maintenance Manager so that all routine works are conducted regularly to keep the premises up to required standards. By: 30/08/2021 <ul style="list-style-type: none"> The PIC will ensure internal painting works is completed as required. By: 20/08/2021 All gutters have been cleared and external fascia cleaned. By: 13/08/2021 	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection	

against infection:

- The PIC met with 2 staff on day of inspection to follow up on incident. This incident has been dealt with under Praxis Care Disciplinary policy. By: 26/7/2021
- The PIC disseminated Refresher information to all staff to remind them of the importance of continuing to adhere to Infection control guidance. By: 26/7/2021
- The PIC will ensure Infection Control is an agenda item on Team meetings. By: 26/7/2021

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 PIC has arranged a schedule of review meetings for all residents, their families and relevant stakeholders, to ensure there is active involvement in the development of individual plans and goals are meaningful to the person. By: 17/09/2021

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- The PIC has updated the daily handover books to include safeguarding concerns and ensure that any safeguarding concerns are recorded here and appropriately handed over to all staff. By: 1/08/2021
- PIC will ensure all staff are aware of the changes and the importance of completing the handover appropriately. By: 1/08/2021

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	30/09/2021
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	30/08/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	26/07/2021

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	17/09/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/08/2021