



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

Issued by the Chief Inspector

Name of designated centre:	Brookvale House
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	26 July 2021
Centre ID:	OSV-0004351
Fieldwork ID:	MON-0026273

About the designated centre

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

Brookvale House is a full-time residential service, providing care and support for up to seven adults with an intellectual disability. Residents receive care on a twenty-four hour basis from a team of support workers. Brookvale House is situated near a large town in Co. Monaghan, where residents have access to amenities such as shopping centres, restaurants, bars and cafes. Brookvale House has seven bedrooms, six of which have an en-suite. There are two living rooms, one kitchen and dining room, a utility room, one communal bathroom and an office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

7

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
Monday 26 July 2021	10:00 am to 5:00 pm	Eoin O'Byrne	Lead
Monday 26 July 2021	10:00 am to 5:00 pm	Karena Butler	Support

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

Inspectors found that residents were being supported to have a good quality of life, with access to their preferred activities, their families, and their local community as per their wishes.

Inspectors had the opportunity to meet and interact with five of the residents throughout the day. The inspectors observed the residents to appear to be comfortable in their environments. Residents were observed to take time away and listen to music and relax and watch television if they wished to do so. Some of the other residents preferred to spend their time in the kitchen area, interacting and, in some cases, supporting staff with daily tasks. A resident expressed that they enjoyed doing this and had some tasks that they carried out each day. Two residents expressed that they liked living in the centre, that it was nice and that they liked the staff team. Inspectors observed warm and jovial interactions between residents and the staff team supporting them throughout the inspection.

The inspectors found the house to be designed and laid out to meet the needs of the residents. Residents had adequate space to take time away if they wished. Each resident had their own room that was designed to their preferred tastes, and the inspectors observed some of the residents listening to music in their rooms during the inspection. While the house had an overall homely environment, the provider had noted that there were some repair works required and were taking steps to address these areas.

Residents' daily routines had been impacted due to the COVID-19 pandemic. Before this, some residents attended day service programmes, and all were active in their local community. The inspectors were informed that there were plans for some residents to re-engage in their day-service programmes and for one resident to begin attending a new day-service programme following their transition to the service.

Recordings showed that residents were offered community activities, but some residents had declined these for a prolonged period. Some of the residents had found it difficult to readjust following the lifting of restrictions imposed due to the COVID-19 pandemic. A review of a sample of residents' information did, however, demonstrate that in recent weeks residents were beginning to reintegrate themselves back into their local community. For some residents, this was being encouraged on a gradual basis as per their wishes. Inspectors did observe residents engage in activities away from their home during the inspection, including some residents visiting their families and others going on short outings with staff.

Residents had access to a number of in-house activities as well. There were two

sitting rooms, with many DVD options for residents, sensory objects, personal tablet devices, and games available for their use. There was also a sensory garden with various plants and flowers, a gazebo, and a swing bench. Staff informed an inspector that residents enjoyed the garden and that one particular resident liked to pick flowers from the garden.

A review of a sample of residents' information demonstrated that they were receiving individualised supports tailored to their needs. Residents' everyday living plans were under regular review and captured the resident's strengths, areas in which they required support, and the methods required to help residents achieve positive outcomes.

There was clear evidence of the provider and staff team supporting residents to maintain their relationships with their family members. One of the inspector had the opportunity to speak with two residents' family members via phone. Both family members spoke positively of the service being provided to their loved ones. The family members spoke of regular contact between them and the staff team who kept informed regarding their loved ones life. Family members informed the inspector that their loved ones were happy living in Brookvale house and got on well with the staff team.

Overall, residents received a service that met their needs and reflected the changes in needs and circumstances for residents.

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

Capacity and capability

Residents were receiving a consistent and good standard of care. The centre was effectively resourced with a clearly defined management structure in place.

There was a well-established management team that had implemented appropriate systems to ensure that the service being provided to residents was meeting the needs of residents, consistent, and effectively monitored. Monthly audits were completed by the management team, along with audits carried out by a member of the provider senior management team. These audits were focused and demonstrated a continuous commitment to improvement regarding the service being provided to each resident.

The provider had completed an annual review of the quality and safety of care and support. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these. Any identified actions were added to the quality improvement plan; an inspector

reviewed this and observed that identified actions were being addressed promptly.

An inspector reviewed planned and actual staff rosters, which were appropriately maintained, and displayed staffing allocations. At the time of inspection, a full complement of staff was in place as outlined in the statement of purpose. Staffing arrangements were also found to be suitable in meeting residents' assessed needs. The provider had reviewed staffing numbers and had implemented additional hours on a daily basis for a resident; this had proved effective in supporting the resident following a period of poor health. An inspector reviewed a sample of staff members' information and found that the person in charge had obtained the relevant information as per Schedule 2 of the regulations.

There were systems in place to monitor staff training and development. All mandatory and centre specific training was up to date, and refresher training was provided when required. Suitable arrangements were in place for the formal and informal supervision of staff. Staff were aware and had access to the national standards for residential service for children and adults with disabilities and the statutory regulations within the centre.

The provider had adopted clear admission policies and practices. An inspector reviewed a recent admissions transition plan; there was evidence of the resident being supported to visit the house before their admission and members of the staff team visiting the resident in their family home. Compatibility assessments had been completed. This practice was carried out to ensure that the mix of residents living together was appropriate. Inspectors found that there were no compatibility issues at the time of inspection.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had adopted clear and effective admission policies and practices.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose had been prepared that contained the information as per Schedule 1 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared and implemented policies and procedures on the matters set out in Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs.

The centre was being operated in a manner that promoted and respected the rights of residents. As noted earlier, residents were being offered the opportunity to engage in activities and were supported to maintain contact with their family and friends when possible. Some residents were reluctant to engage in some activities and this was being respected by those supporting them.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. These assessments and support plans were under regular review and demonstrated that the provider's multidisciplinary team was involved in the development of care being provided to residents.

Monthly reports were completed by the staff team regarding the resident's health and social care needs. Key-working sessions were also carried out monthly; staff members supported residents in choosing activities they would like to engage in. Records showed that residents availed of outdoor leisure and recreation opportunities, such as trips to local parks, going out for coffee, and going to local shops, all supported by staff.

The review of information also demonstrated that residents had access to appropriate healthcare professionals and supports. While the service was not nurse-led, residents had accessed nursing supports when required. The inspector reviewed a sample of residents' medication procedures and found them detailed and resident-specific. The existing medication management practices ensured that the centre had appropriate arrangements regarding medication administration, storage, ordering, and returning of medication. The inspectors reviewed medication practices with some of the staff team during the inspection and found that they were knowledgeable and aware of medication management practices.

Inspectors reviewed a sample of residents' information and found arrangements to provide positive behavioural support to residents. Inspectors reviewed positive behavioural support plans and found them detailed and focused on alleviating the cause of residents' challenging behaviours. There were some restrictive practices being utilised to promote the safety of residents. These practices were under regular review and there was clear documentation regarding the reasoning for their implementation.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had systems to identify, record, investigate, and learn from adverse incidents. The inspector reviewed the centre's adverse incident log and found that incidents had occurred. Incidents were discussed as part of team meetings, and learning from the incidents was prioritised. There was a detailed risk register in place that captured environmental and social

risks. The review of residents' information also demonstrated that comprehensive individual risk assessments had been developed for the sample of residents' information reviewed.

There were measures in place for the prevention and control of infection. The provider had adopted procedures in line with public health guidance in response to COVID-19. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control. There were measures in place to control the risk of infection; these included daily temperature and symptom checks for staff and residents, infection control check-lists, and hand-hygiene audits. The centre was maintained in a clean and hygienic condition throughout, with daily cleaning checklists completed. There were also handwashing and sanitising facilities available.

The house was designed and laid out to meet the assessed needs of the residents. The bedrooms were spacious and had adequate storage facilities for each resident. Some works were identified by the provider. Inspectors were assured that these works were due to be addressed in a suitable timeframe. Inspectors also note that there was a well-maintained sensory garden that was in regular use by residents.

Overall, residents were receiving a service that was tailored to their needs.

Regulation 13: General welfare and development

Residents were being provided with opportunities to participate in activities in accordance with their interests, capacities, and needs.

Judgment: Compliant

Regulation 17: Premises

The house was designed and laid out to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were appropriate and suitable practices relating to the ordering, receipt, storage, disposal, and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural; support if required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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	Compliant
Regulation 9: Residents' rights	Compliant