



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

Issued by the Chief Inspector

Name of designated centre:	Woodlands
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Short Notice Announced
Date of inspection:	11 March 2021
Centre ID:	OSV-0005687
Fieldwork ID:	MON-0031016

About the designated centre

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

Woodlands is a full-time residential service, providing care and support for adults with an intellectual disability. Woodlands has four en suite bedrooms. There are two living rooms, a kitchen and a dining room, a sun room, a laundry room, a communal bathroom, a storage area and a large garage. Woodlands is situated within a short walking distance from a large town in Co. Monaghan. Residents have access to amenities such as shopping centres, restaurants, bars and cafes. Woodlands has a team of support workers. Residents receive support on a twenty-four hour basis from a team of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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 11 March 2021	09:45hrs to 14:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

Through observations and review of residents' information, the inspector found that residents were receiving appropriate care and support. Residents were supported to engage in activities of their choosing, and the centres' staff team was supporting residents in a way that promoted their views and rights.

The inspector reviewed questionnaires that residents had been supported to complete regarding the quality and safety of care being provided to them. The residents' responses demonstrated that they were happy with the service and their home. The residents' representatives had also completed questionnaires regarding the service being provided to their loved ones. The responses were again positive.

The inspector had the opportunity to interact with all three of the residents. The residents appeared relaxed and comfortable in their environment throughout the inspection. Residents were observed to spend periods in their rooms, relaxing at the kitchen table and also using one of the houses sitting rooms to watch television. The inspector also noted that the premises were well maintained and homely.

One of the residents requested the inspector to come over to them using gestures. The resident then pointed to a tablet device. With the staff's support, the inspector was shown recent achievements the resident had completed, including gardening, baking, and some building projects. It was evident that the resident and the staff members supporting them were very proud of the resident's achievements.

The inspector observed warm and pleasant interactions between the residents and the staff members throughout the inspection. The person in charge supported the inspector to meet with one of the residents. The resident expressed that they liked their home and spoke of some of the activities and routines they like to engage in. The provider was as best as possible, supporting residents to maintain their independence during COVID-19 restrictions; the resident spoke of going for short walks independently and also going to the shop daily with the support of staff members. The resident spoke of how they enjoyed going for the walks and getting out and about during the restrictions.

The third resident again stated that they were happy in their home and got on well with the staff team. The resident was previously very active in their local community and spoke of finding the impact of restrictions difficult at times. The resident was, however, actively interacting with friends and groups they were involved in through video calls, and they expressed that this had helped.

There was clear evidence of the provider and staff team supporting residents to maintain their relationships with their family members through assistive technology and physical visits when possible. The inspector had the opportunity to speak with two family members; both spoke positively of the service being provided to their loved ones. They expressed that they were kept informed regarding the care being

provided to their family members and that they could, before COVID-19, visit the service whenever it suited. Both family members spoke positively of the staff team supporting the residents and referenced the progress their loved ones had made. One family member spoke of how their loved one was supported to try new things and that this had helped their confidence and independence.

A review of residents' information demonstrated that they were receiving individualised supports tailored to their needs. Some of the residents were partaking in educational programmes online, where others were engaging in projects with staff support. Residents could also access day service via zoom if they wished to do so. Staff members who interacted with the inspector referenced the progress some of the residents had made in recent months following the changes enforced due to restrictions. Residents had increased their skills regarding activities of daily living with some residents actively seeking out household chores and enjoying the interaction with staff members when completing same.

A review of regular resident meetings demonstrated that the rights of residents were being discussed and that residents were supported to exercise choice and control over their daily lives. A further appraisal of the information established that residents were being communicated with in an age appropriate manner and that they were consulted with regarding aspects of the running of the designated centre.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to engage in activities of their choosing. The management systems in place ensured that the centre was well run and that residents had a good quality of life these findings are further discussed under the following 2 sections of this report.

Capacity and capability

The centre was effectively resourced with a clearly defined management structure in place. The management team was well established and had ensured that there were appropriate arrangements in place to ensure that service was effectively monitored. This ensured the service provided to residents was effective and focused on meeting the needs of residents and developing their independent living skills. For example, there were monthly audits being completed that assessed, evaluated and improved the provision of services in order to achieve better outcomes for the residents. The provider had also ensured that an annual review of the quality and safety of care and support had been completed. 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.

The provider had ensured that residents were receiving continuity of care and that staffing levels and qualifications were appropriate to the number and assessed residents' needs. There was a well established and consistent staff team in place

that were observed to know the residents well and support them appropriately.

Staff members were receiving appropriate training, including refresher training. The training needs of the staff team were being reviewed as part of the monthly audits, and this had ensured that all training needs were being met. Along with mandatory training, the provider had also developed a suite of centre specific training to aid the staff team in supporting the service users.

There was an effective complaints procedure. Residents received information on the procedure regularly as part of their resident meetings. Residents were asked if there were any issues they had and who they would raise concerns with if necessary. The sample of meetings reviewed found that the residents had not raised any concerns but were well informed of the complaints process.

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, qualifications 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.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had developed an effective complaints procedure and ensured that residents knew their right to raise complaints.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and sought to support them to develop independent living skills and engage in activities of their choosing.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were, when possible, engaging in activities of their choosing and were being supported to develop and maintain links with the wider community.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. These assessments were under regular review and captured the needs and assistance required to best support the residents. The sample of information reviewed also demonstrated that the care being provided to residents was person-centred and reflected the changes in circumstances and new developments for residents. The provider had also ensured that enhanced supports had been utilised for some residents during difficult periods. Residents had access to appropriate health care professionals. Residents' health care needs were under review and documented, along with the supports required to promote their physical and mental health.

As previously noted, residents were consulted regularly regarding the service, they were receiving. Regular meetings between residents and their key worker were taking place, a sample of these meetings were reviewed, and it was found that the meetings were treated as learning opportunities for the residents. Residents were encouraged to raise any issues or concerns they had and plan activities they would like to engage in.

There were appropriate systems in place to respond to safeguarding concerns. Protection and safeguarding of residents was being discussed during residents' meetings. Residents were being assisted in developing the knowledge, self-awareness, understanding, and skills needed for self-care and protection.

There were systems to manage and mitigate risks and keep residents and staff members safe in the centre. The provider had arrangements in place to identify, record, investigate and learn from adverse incidents. The inspector reviewed individualised risk assessments and found them to be detailed. There was a centre-

specific risk register in place that was under review and reflected environmental and social care risks. The provider had also developed a number of risk assessments in response to COVID-19.

The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and established according to the Health Protection Surveillance Centre (HPSC) guidelines. The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority.

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

Regulation 10: Communication

The person in charge and staff team had ensured that all information was formatted and presented in a manner that was appropriate to the information and communication abilities of each resident.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were encouraged to work out a structure of their daily lives that best reflected their goals, activities, and needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

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 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 provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were appropriate systems in place to respond to safeguarding concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and to have and to have 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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	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