



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

## Issued by the Chief Inspector

Name of designated centre:	Pinewoods, Ashbourne
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	16 August 2022
Centre ID:	OSV-0005806
Fieldwork ID:	MON-0028574

## About the designated centre

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

This centre provides residential respite care to children aged between eight to eighteen years of age. The centre can accommodate up to five residents each night. The centre is a dormer style detached home situated in a large town in Co. Meath. There is a self-contained one bedroom apartment annex attached to the main home. In the main home there are four bedrooms all of which have en-suite facilities, a kitchen and utility room, dining area, sitting room, sensory room a staff office and a staff sleepover room. Staffing arrangements consist of a person in charge, team leaders and support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	3
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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
Tuesday 16 August 2022	09:30hrs to 17:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspection took place over one day in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service provided respite residential care and support to a maximum of five children with disabilities at any one time and comprised of a large detached house in Co Meath.

The inspector met briefly with three of the children, spoke with one of them and a family representative (over the phone) so as to get their feedback on the service provided. Written feedback on the quality of service from some children was also reviewed as part of this inspection process. Over the course of the day the inspector observed that the children appeared relaxed and happy in their home and staff were observed to be professional, warm and caring in their interactions with them

On arrival to the house at 11am the inspector was met by the team leader. The team leader took the inspectors temperature prior to commencement of the inspection process. The team leader informed the inspector that the children were on their holidays and enjoying their summer break.

On walking around the premises the inspector observed appeared clean, spacious and was decorated to suit the need of the children who availed of respite there. There was a large TV room available and plenty of space for the children to engage in table top activities and other games of their choosing. The garden area provided a large play space consisting of swings, a slide, a football net and other outdoor games. Along with a relaxation room, a therapeutic facility was also available to the children to support them with their sensory needs.

Overall , the house was appropriately furnished and decorated throughout and in a child centred and friendly manner. Additionally, bedrooms were observed to be decorated in an age appropriate manner and there were ample toys for the children to play with.

The inspector spoke with one child over the course of the inspection. They said that they loved their respite breaks in the house and look forward them. They had gone shopping with staff earlier in the day and said that they really enjoyed the outing and had bought themselves some things that they wanted. They also said that they had baked cookies with the support of staff and enjoyed this activity. They had plans for the evening to have a take-a-way and relax watching TV.

Written feedback on the quality and safety of care from both residents and family members was also reviewed by the inspector. Generally they reported that they were happy with the house and it was warm and comfortable. They were also happy with the outside facilities. One resident reported that they were happy with their bedroom, the menu options available to them and the quality of food provided. They also said that the staff were great cooks. Another said that staff were very

supportive, they were always happy and had no complaints. Residents and family also reported that they felt their choices were respected in the centre and they liked the activities available to them such as swimming, walks, gymnastics, the playground area in the back garden and social outings.

One family representative spoken with over the phone was very complimentary of the quality and safety of care provided in the centre. They said that their family member was very well looked after, the service was like a home from home, staff go beyond the call of duty to ensure the needs of the children were met and staff overall, were very helpful. They also reported that their relative loves their breaks in the house, their healthcare-related needs were provided for, the service was safe and they had no complaints whatsoever.

Over the course of the day the inspector observed some of the children relaxing in the house and they appeared happy and content in the company and presence of staff. It was also observed that staff had a good and positive rapport with the children.

While some issues were identified with regards to the statement of purpose and the risk assessment process, the children appeared happy and content on their respite breaks in this service and systems were in place to meet their assessed needs. The following two sections of this report discuss the above in more detail.

## Capacity and capability

The children met with appeared happy and content on their respite breaks and the provider had put supports and resources in place to meet their assessed needs.

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by four team-leaders which meant there was a regular management and/or team-lead presence in the centre each week.

The person in charge was an experienced, qualified social care professional, who provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the children were being provided for.

On the day of this inspection there were adequate staffing levels in place to support the children and, the person in charge explained that the staffing arrangements were flexible so as to ensure there was adequate supervision available to the children at all times. There was also 1 waking night staff and one sleep over staff on duty each night in the centre.

The staff team were adequately trained and supervised so that they had the

required skills to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, medication management, first aid, fire safety, behavioural support, and infection control (to include hand hygiene and donning and doffing of PPE).

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). They were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The statement of purpose provided for the most part met the requirements of the regulations however, some parts of it required updating and/or review.

The service was being reviewed and audited as required by the regulations. An annual review on the quality and safety of care had been completed for 2021/2022 and unannounced visits/audits of the centre were also being facilitated in May 2022. These audits were ensuring that the service remained responsive to the requirements of the regulations. For example, a six monthly unannounced visit to the centre in May 2022 identified that the kitchen needed refurbishment, new floors were required in some areas of the centre and some residents plans required updating. The person in charge had actioned these issues and by the time of this inspection, they had all been addressed.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of registration of this centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge in the centre was a qualified professional with experience of working in and managing services for people with disabilities. They were also aware of their legal remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

### Regulation 15: Staffing

The inspector was satisfied there were adequate staffing arrangements in place to meet the needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

From a small sample of files viewed the inspector found that staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the children.

Judgment: Compliant

### Regulation 19: Directory of residents

The service maintained a directory of residents as required by the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The provider submitted up-to-date insurance details for this centre as required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by four team-leaders which meant there was a regular management and/or team-lead presence in the centre each week.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose provided for the most part met the requirements of the regulations however, some parts of it required updating and/or review.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge was aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations.

Judgment: Compliant

## Quality and safety

The children availing this service were supported to have short respite breaks based on their expressed preferences and individual choices. Additionally, systems were in place to ensure the service was adequate in meeting their needs. A minor issue was found however, with the process of risk management.

While on their breaks in this service the individual needs and expressed wishes of residents the children were being supported and encouraged. The children were supported to attend school however, they were on their school holidays at the time of this inspection. A number of recreational activities were available to the children while on their respite breaks however. For example, social outings and drives were provided for, the children were supported to engage in age appropriate activities and games and attend summer camps such as swimming. Additionally, a large garden area was available to the children with a playground area, a trampoline, outdoor games and football net.

For the most part, families supported the children with the healthcare-related needs. However, the service could support and facilitate healthcare appointments for the children and the head of operations explained that they could also avail of GP and/or a doctor on call service if requires. Additionally, for children that required it, positive behavioural support was provided for and some children had a positive behavioural support plan in place.

Systems were in place to safeguard the children and where or/if required, safeguarding plans were in place. At the time of this inspection, some safeguarding issues were open and on-going. However, the person in charge had responded to these issues immediately, reported them to the safeguarding champion in the service and the head of operations, reported them to the relevant external authorities and put systems in place to ensure the safety and well-being of the children in the service. From a sample of staff files viewed, staff were appropriately vetted also had training in children's first, open disclosure and safeguarding.

Systems were in place to manage and mitigate risk and support the children's safety in the house. There was a policy on risk management available and each child had a number of individual risk assessments on file so as to support their overall safety and well-being. For example, in order to manage risks related to accessing the community, children were supported on either a 1:1 and/or 2:1 staff basis with community based activities. However, aspects of the risk management process required review. For example, some of the control measures in place to manage some risks were not always reflective of practice.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in IPC, hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place specific to the centre. Staff also had as required access to PPE to include face masks which they used on the day of this inspection. Additionally each bedroom had an ensuite bathroom and there was also a stand alone apartment available in the centre that could be used if a resident was required to self-isolate.

Adequate fire-fighting equipment was available in the centre and was being serviced as required by the regulations. Fire drills were being conducted on a regular basis and each child had a personal emergency evacuation plan in place detailing the supports they needed during an evacuation of the centre.

Systems were in place for the safe receiving and returning of medication. Staff undertook a pre-check with families of the children prior to their admission to the service so as to ensure each child had sufficient and correct medication with them on their respite breaks. All medicines were checked into the house by two staff. There were also adequate and safe storage facilities provided for medications and from a sample of files viewed, staff had training in safe administration of medication. The inspector also observed that there were no medication errors and/or discrepancies on file for 2022.

The children's individual choices and autonomy were respected and promoted while on their respite breaks in this facility. Staff linked in with each child on their admission to the service so as to ascertain what social and/or recreational activities they want to engage in during their stay in the house and these activities were then provided for. Additionally, the children were consulted with about new developments in the centre. For example, funds were made available for an upgrade to the garden area and the children were asked what they would like done to the garden. They said that they would like new grass to be laid and for new outdoor gymnasium

equipment to be installed. The person in charge informed the inspector that work on these upgrades to the garden was to commence in the very near future.

### Regulation 17: Premises

The premises were well maintained and designed to meet the needs of the children.

Judgment: Compliant

### Regulation 26: Risk management procedures

Aspects of the risk management process required review. For example, some of the control measures in place to manage some risks were not always reflective of practice.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in IPC, hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place specific to the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire-fighting equipment was available in the centre and was being service as required by the regulations. Fire drills were being conducted on a regular basis and each child had a personal emergency evacuation plan in place detailing the supports they needed during an evacuation of the centre.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Systems were in place for the safe receiving and returning of medication. Staff undertook a pre-check with families of the children prior to their admission to the service so as to ensure each child had sufficient and correct medication with them on their respite breaks. All medicines were checked into the house by two staff . There were also adequate and safe storage facilities provided for medications and from a sample of files viewed, staff had training in safe administration of medication.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

While on their breaks in this service the individual needs and expressed wishes of residents the children were being supported and encouraged. The children were supported to attend school however, they were on their school holidays at the time of this inspection. A number of recreational activities were available to the children while on their respite breaks however. For example, social outings and drives were provided for, the children were supported to engage in age appropriate activities and games and attend summer camps such as swimming. Additionally, a large garden area was available to the children with a playground area, a trampoline, outdoor games and football net.

Judgment: Compliant

## Regulation 7: Positive behavioural support

For children that required it, positive behavioural support was provided for and some children had a positive behavioural support plan in place.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard the children and where or/if required, safeguarding plans were in place. At the time of this inspection, some safeguarding issue were open and on-going. However, the person in charge had responded to these issues immediately, reported them to the safeguarding champion in the

service and the head of operations, reported them to the relevant external authorities and put systems in place to ensure the safety and well-being of the children in the service. From a sample of staff files viewed, staff were appropriately vetted also had training in children's first, open disclosure and safeguarding.

Judgment: Compliant

### Regulation 9: Residents' rights

The children's individual choices and autonomy were respected and promoted while on their respite breaks in this facility. Staff linked in with each child on their admission to the service so as to ascertain what social and/or recreational activities they want to engage in during their stay in the house and these activities were then provided for. Additionally, the children were consulted with about new developments in the centre.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Pinewoods, Ashbourne OSV-0005806

Inspection ID: MON-0028574

Date of inspection: 16/08/2022

## 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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Registered Provider will review the Statement of Purpose to ensure the correct registered name of the designated centre and Provider Nominee details are updated as required by the regulations. Completed 16.08.2022	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The registered provider will review the risk management process in the designated centre which includes residents individual risk assessments and the risk register for the centre to ensure that the control measures in place are reflective of practice. 30.09.2022	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/09/2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	16/08/2022