

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:	Unannounced
Date of inspection:	04 September 2024
Centre ID:	OSV-0005806
Fieldwork ID:	MON-0038929

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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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 (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
Wednesday 4 September 2024	09:00hrs to 16:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This was an unannounced inspection. The inspector found that the care and support provided to the young people (residents) during their respite stays was good. Fifteen regulations were reviewed, and it was found that twelve were compliant with the regulations and that three areas needed to be improved. These areas will be discussed in more detail later in the report.

The inspector interacted with the person in charge, a member of the provider's senior management team, and four staff members during the day. The inspector also had the opportunity to meet with two residents availing of a respite break.

The residents came to the respite service after completing their school day. One of the residents was relaxing and watching TV with a staff member. The inspector asked the resident about what they were watching, the resident interacted briefly, preferring to watch the TV. The staff member spoke to the inspector about the resident's plans for the evening and their stay. The resident had chosen their activities and the meals they wanted. The second resident, after arriving, chose the room they wanted to stay in during their break. The resident said "hello" to the inspector and then engaged with a staff member.

While the interactions with the residents were brief, the inspector found, through the review of a sample of residents' daily notes, that the residents during their respite breaks, were supported to identify and engage in the things they wanted to do. Furthermore, the inspector, with the support of the person in charge, spoke to the family members of two residents who recently had respite breaks. Both spoke very highly of the service provided to their loved ones. They referenced how the residents enjoyed going on their respite breaks and spoke positively of the staff and management teams. The inspector also found that a number of other families, as part of a review process, had submitted compliments regarding the service, these families praised the service being provided.

A large volume of toys and play areas were available to the residents, including a sensory room and a sensory hub if residents wished to use them. Toys were readily available, and in 2023, the garden of the service had been updated with extra play areas for the residents to use.

Throughout the day, the inspector spoke with staff members as they prepared for the residents to arrive. The staff members completed many cleaning duties, and the inspector noted that the house was clean and free from clutter.

The staff members also shared several examples with the inspector, of how their work supports the residents. For example, one staff member spoke to the inspector about the communication needs of the residents that were due to begin their respite breaks on the day of inspection. The inspector also observed the staff members planning how to support the incoming residents and found that the preparation was

thorough. When the residents arrived to the centre, the inspector saw that they were happy to arrive at the service and appeared happy to see the staff members.

In summary, observations and the review of a large volume of information relating to how the service was run and the care provided to residents, found that they were receiving appropriate care and support when they had respite breaks. As mentioned earlier, areas required improvement; these included monitoring practices, staffing and ensuring that the premises was in a good state of repair.

The next sections of this report will detail the inspection findings regarding governance, management, and their impact on the service's quality and safety.

Capacity and capability

Overall, the review of information showed that residents received a good service during their respite breaks. However, some areas required improvement. It was necessary to ensure there was a full staff complement and a consistent team to support the residents. The review also revealed that the provider needed to improve their oversight and monitoring practices in some areas. The impact of these issues will be discussed in more detail later in the report.

The inspector also reviewed the provider's arrangements regarding staff training, statement of purpose, complaints, and the notification of incidents. The review of these areas found them to comply with the regulations.

The staff team had been provided with appropriate training, and the review of complaints found that the provider had responded appropriately and sought to ensure the complainant was satisfied with the outcome.

In summary, the review of information demonstrated that while the residents were well cared for, there were improvements to be made in some areas.

Regulation 15: Staffing

As part of the inspection process, the inspector reviewed the staffing arrangements. The residents received support and supervision from staff members on a one-to-one basis during the day. At night, there was a live night staff and a sleepover staff. The inspector reviewed the current roster and rosters from March of this year. The appraisal showed that there had been several changes since March.

The review of rosters and discussions with the person in charge also showed a number of vacancies. The service had been operating understaffed for a number of months, and the provider relied on agency and relief staff to ensure that safe

staffing levels were maintained.

There was a need for the provider to stabilise the staff team and ensure that the residents, when visiting the respite, were receiving continuity of care from a consistent staff team.

The provider had completed recruitment drives to fill the vacancies, a new team leader was starting the same day of the inspection and the inspector was informed that two other staff members had been identified to work in the service and their paperwork was being prepared. Despite these increases, vacancies remained with a further team lead vacancy and a 0.5 support worker vacancy.

The person in charge had added the need to fill the vacancies to their services quality improvement plan, and they explained that the recruitment process was ongoing. The inspector was assured that steps were being taken to ensure that there was a full staff team. Yet, at the time of the inspection, there were remaining vacancies.

The provider was ensuring that safe staffing levels were being maintained and that the skill-mix of those supporting the residents met the needs of the residents. As noted earlier, the staff members who spoke to the inspector, demonstrated that they were knowlagable, and the inspector observed the staff interact with the residents in a warm and friendly manner.

In summary, the inspector found that there was a need to ensure that there was a consistent staff team supporting the residents, and that outstanding vacancies were filled.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the provider developed to capture staff members who had completed training. Evidence showed that the matrix was under regular review and that staff members attended training when required. The staff team was provided with mandatory training specific to the needs of the residents.

Staff members had completed training in areas including:

- fire safety
- safeguarding vulnerable adults
- medication management
- infection prevention and control
- human rights-based approach
- first aid

- Children First
- managing behaviours of concern
- assisted-decision making
- feeding eating, and drinking
- chemical agents
- positive behaviour support
- buccal midazolam administration
- manual handling

Judgment: Compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that some improvements were necessary to ensure that all aspects of the service provided were appropriately monitored.

At a local management level, the inspector found that enhancements were required to ensure that the care and support information for residents was kept up to date and appropriately reflected their needs. For example, some residents whose presentation had changed in recent months had not had their information updated. For one resident, there had been an increase in challenging behaviours that had negatively impacted others during their respite stays. The provider had developed an 'interpersonal compatibility risk assessment' tool to assess the impact a resident could have on those they resided with, but this tool had not been updated despite the resident's changing behaviours. The residents risk assessments had also not been updated, despite the increase in behaviours. This needed to be improved.

At a provider level, there were delays in responding to issues with the premises. The person in charge identified the issues and requested necessary works, but there were delays in addressing these concerns. Therefore, there was a need to improve the provider's response to concerns raised by the person in charge.

However, in other areas, appropriate governance and management practices were found. Regular audits were completed by the person in charge, and monthly monitoring visits were conducted, providing reports on resident feedback, person-centered care, restrictive practices, safeguarding, incidents and accidents, staffing matters, health and safety, and management arrangements. The reports were found to be a good auditing tool and there was evidence of the person in charge responding to the identified actions.

The management structure was clearly defined, with the person in charge leading a competent staff team that provided the residents with a good standard of care. The provider had completed the required annual and six-monthly reviews, focusing on the quality and safety of care and support provided in the centre.

In summary, the appraisal of the management arrangements showed that, while some aspects were effective, there were areas that required improvement, particularly in monitoring practices and the provider's response to property-related requests made by the person in charge.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
<p>The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.</p> <p>The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved examining the provider's untoward event and restrictive practice logs. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector of Social Services.
Judgment: Compliant
Regulation 34: Complaints procedure
The inspector reviewed the arrangements in place for the management of complaints. It was found that complaints had been submitted, and that the person in charge had managed and responded to the complaints and sought to ensure that the complainant was satisfied with the outcome. It was found that, where possible, learning was identified by the person in charge and shared with others.
Judgment: Compliant

Quality and safety

The review of information and observations found that the residents, when on their respite breaks, were supported to do what they wanted to do and that the staff team supporting them did so in a caring and respectful manner.

The provider ensured that the residents' needs were comprehensively assessed, and support plans were developed to guide staff members in providing positive outcomes.

The inspector reviewed several aspects, including risk management, communication, positive behaviour support, and safeguarding and fire precautions. The review found these areas compliant with the regulations.

Improvements were required to how the provider responded to issues with the premises. This will be discussed in more detail later in the report.

In conclusion, the provider, person in charge and staff team delivered a service to the residents that they appeared to enjoy, and the residents' families spoke highly of the care and support provided during the respite breaks.

Regulation 10: Communication

When reviewing the daily living plans of the three residents, the inspector found information about how the residents communicated, their preferred methods of interaction, and whether they needed any communication aids. This information provided guidance for staff on how to support the residents, including their preferred sentence structures and the availability of visual aids if needed.

In conclusion, the person in charge had ensured that clear guidance was available for staff to effectively communicate with the residents.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector wanted to review the activities that the residents engaged in during their breaks. The residents' activities were documented in their daily notes, and the inspector examined the notes of three residents for their previous three respite breaks.

There was abundant evidence indicating that the residents were kept entertained. Some had gone bowling, visited playgrounds, used the sensory room in the house, played with toys, and spent time in the garden. There was also evidence showing that the residents were supported as much as possible in choosing the activities they wanted to do.

Judgment: Compliant

Regulation 17: Premises

As mentioned previously, the respite service was clean and clutter-free, particularly in the living and outdoor spaces. There were adequate play areas, and toys and art supplies were readily available to residents. The person in charge and a member of the provider's senior management team informed the inspector that some parts of the house required improvement, that these had been identified, and that funding requests had been made.

The person in charge gave the inspector a list of areas requiring attention. For instance, several rooms, including the kitchen and residents' bedrooms, were in need of painting. Flooring and carpet replacement was also needed. Despite the submission of requests in July, the provider's response was slow, with the majority of the actions still pending.

During the inspection, the person in charge and the provider's senior management team member guided the inspector around the service. The inspector identified a trip hazard in an en-suite that had not been noticed before, posing a risk. In another en-suite, the inspector observed that the shower head bracket had been removed from the wall. When asked, the person in charge admitted that it had been damaged for several weeks, and a maintenance request had been made. However, the lack of a timely and appropriate response to this issue is a cause for concern.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector examined the adverse events that had taken place since May. There were a total of 51 events during that time period, and the inspector focused on incidents involving physical aggression. The review of these incidents revealed that there were times when the provider and the staff team were unable to effectively manage risks posed by some residents. The provider and the person in charge acknowledged this and sought additional support and a thorough review of the behaviors of certain residents. On the day of the inspection, following the provider's own reviews, the inspector was satisfied that the provider had responded to the

risks and implemented appropriate risk control measures, to ensure the safety of residents and those supporting them.

Upon reviewing the adverse events folder, the inspector found a system in place where the events were analysed by the person in charge and senior management. Learning from events was given priority when necessary, and the provider and the staff team were actively working to manage and reduce risks.

The inspector also found that risk assessments had been created for the residents. The inspector reviewed risk assessment documents for three residents and found that two were well-maintained and accurately reflected the residents' current conditions. However, the risk assessment document for one resident had not been updated, despite an increase in risks. This issue was addressed in accordance with the regulation related to governance and management.

Judgment: Compliant

Regulation 28: Fire precautions

The provider captured information regarding fire precautions in a number of folders. The inspector reviewed these and found that the provider had established appropriate systems.

The fire drill records demonstrated that the residents had completed fire drills regularly. Respite residents completed drills at a minimum of twice per year, ensuring a consistent level of preparedness. There was also evidence that the staff team safely evacuated residents during day and night-time scenarios.

The provider had ensured that the fire detection system and firefighting equipment had been serviced appropriately, and records showed that staff members had received proper training in fire safety.

In summary, the review of information showed that there were appropriate fire precautions in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the information of three residents and found that the provider and person in charge had conducted thorough evaluations of the residents' needs from an assessment of needs perspective. The inspector also found that the 'short-term assessments and everyday living plans' of the three residents provided

necessary information to support them during respite breaks.

Additionally, there was evidence that some residents were supported by the provider's multidisciplinary team (MDT) members.

In summary, the inspector found that the provider had appropriate systems in place to assess and meet the needs of residents during their respite breaks.

Judgment: Compliant

Regulation 7: Positive behavioural support

As mentioned earlier, the inspector found that residents were supported by the provider's MDT members if required. The inspector reviewed information that a behaviour support specialist had provided the staff team and a resident with support during a recent respite stay. The behaviour support plan for the resident was being updated to reflect the resident's current needs. The provider and person in charge had attended external MDT meetings to ensure that the resident received the required care and support.

In summary, the inspector found that respite residents receive input from the providers positive behaviours support team if required.

Judgment: Compliant

Regulation 8: Protection

During the review of training records, the inspector was assured that staff members had been provided with appropriate training on safeguarding residents.

There had been occasions where residents' behaviours had negatively impacted their peers during respite breaks. The person in charge had responded to safeguarding concerns, and investigations had been completed and safeguarding plans updated. There was evidence of impact risk assessments being updated following incidents, and there was evidence of decision-making regarding compatibility of residents residing together, pre and post-incidents to reduce the likelihood of incidents occurring.

As noted earlier, the inspector found that such practices were not the case for all residents, and this has been addressed under the regulation focused on governance and management.

Judgment: Compliant

Regulation 9: Residents' rights

As noted earlier, family members submitted a number of compliments regarding the service being provided to their loved ones when attending the respite service. Family members spoke highly of the care provided to the residents. During the inspection, the inspector observed that the residents appeared happy on arrival and very comfortable in their interactions with staff. The staff were observed interacting respectfully with the residents.

As discussed earlier, the residents were supported to engage in, where possible, the things they wanted to do. They chose activities, meals and snacks of their preference.

Overall, the review of information and observations on the day showed that residents' rights were promoted and respected by those supporting them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	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 28: Fire precautions	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-0038929

Date of inspection: 04/09/2024

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: The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis. <ul style="list-style-type: none">• The Person in charge has employed three new staff members since the inspection and a further 2 fulltime permanent team leaders.• There is currently one 0.5 team leader vacancy in the designated centre which is currently being advertised. To be recruited by 30/11/2024.• The Provider is attending a careers open day for the Meath area on 9th October to commence a waiting list.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. <ul style="list-style-type: none">• The Person in charge has reviewed and updated the risk management process in the designated centre including the residents individual risk assessments and individual care plans ensuring that the control measures are reflective of practice and the individuals current care needs. 03/10/2024.• The person in charge will ensure care and support information is up to date and reflective of residents needs. The Head of operations will use the organisations Quality and Governance system to monitor completion of same on a monthly basis. 31/10.2024	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

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.

- The Person in charge will continue to liaise with the property manager to ensure that any works are completed within a timely manner and escalate any concerns in relation to completion of works to senior management. The highlighted concerns during the time of the inspection have all been addressed and there are plans in place to ensure all works are completed before 31/10/2024.
- To date Painting of rooms including kitchen and residents bedroom were painted – completed 03/10/2024
- Trip hazard noted in residents bedroom has been repaired – 3/10/2024
- Shower head bracket removed from the wall has been replaced and hung
- Contractor sourced to replace flooring in some areas of the house and due to commence works 10/10/24
- Contractor sourced to concrete outside house and works due to commence 10/10/24

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/11/2024
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	31/10/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is	Substantially Compliant	Yellow	31/10/2024

	safe, appropriate to residents' needs, consistent and effectively monitored.			
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