



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

Issued by the Chief Inspector

Name of designated centre:	New Haven
Name of provider:	Praxis Care
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	03 March 2025
Centre ID:	OSV-0006653
Fieldwork ID:	MON-0045598

About the designated centre

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

New Haven is a designated centre operated by Praxis Care. The designated centre provides full-time community residential services to support to five individuals, including but not exclusive of Intellectual Disability, Mental Ill Health and assessed Medical needs. It is a two storey detached house located close to a town in Co. Wexford which provided good access to local services and amenities. The centre comprises of kitchen, dining room, two sitting rooms, nine bedrooms all of which are en-suite and a number of shared bathrooms. The centre is staffed by a person in charge, team leaders, and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 3 March 2025	10:00hrs to 17:00hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for this centre. The inspection was completed by one inspector over one day. From what the inspector observed, review of documentation and discussion with the staff team and management, a good quality of care and support was provided in this centre.

The centre comprises of a large, two story property with an enclosed garden to the rear and ample parking to the front of the property. The centre is located close to town in Co. Wexford. The centre is registered for a maximum of five residents and is currently at full capacity. The five residents were present on the day of the inspection and the inspector had the opportunity to meet and engage with four of them.

On arrival to the centre, the person in charge and the inspector conducted an opening meeting and a walk around of the premises. The centre was bright and homely. It was decorated to suit the needs of the residents and some areas had recently been repainted. The inspector met with one residents who was being supported to make a packed lunch, the resident was calm and relaxed in the present of staff as they both engaged in meaningful interactions. Some residents were relaxing in bed, others were attending to person care routines so the inspector waiting until the afternoon to continue the walk around of the bedrooms. Residents were seen to get up and ready to go about their day, staff were observed speaking respectfully to all residents as they supported them to gathering their belongings for their planned activities.

The inspector reviewed documentation about how care and support is provided for residents and about how the provider's ensures oversight and monitors the quality of care and support. Each of the residents had received a questionnaire which had been sent to the centre in advance of the inspection. The inspectors received five completed questionnaires on the day of inspection. Residents had been assisted by staff members to complete the questionnaires on "what it is like to live in your home". In these questionnaires residents indicated they were happy with their home, their bedroom and the activities available to them. One residents noted they enjoyed their visit home to their family each week and one resident identified the others residents in the centre as their friends.

When the inspector finished their walk around and viewed the remaining bedroom it was evident that residents had been supported to personalise their rooms and had sufficient space to store their belongings. Each bedroom had a en-suite some equipped with a bath and others had a shower. Each bedroom had ample space for a comfortable chair to relax and a TV if the resident wished to have one.

Overall, care was provided to a high standard with the provider having clear systems in place to identify where improvements or change may be required and

implementing changes to being about improvements in the relevant areas. Residents' were seen to have a good quality of life and were able to choose how they wished to spend their time.

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

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that residents were in receipt of a good quality of care and support. They were supported and encouraged to take part in activities they enjoy and explore new opportunities. The provider was identifying areas of good practice and areas where improvements were required through their own audits and reviews. For example, some internal painting and recent recruitment to stabilise the staff team had been completed in recent months.

Overall, it was found that there were comprehensive and robust management systems within this designated centre. The centre had a clearly defined management structure in place which was lead by the person in charge. They were supported in their role by team leaders and the head of operations. The person in charge was found to have an in-dept knowledge of the residents' care and support needs.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration to the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included submitting information in relation to the statement of purpose, floor plans and submitting fee to accompany the renewal of registration.

Judgment: Compliant

Regulation 15: Staffing

The staff team included a person in charge, team leaders and support staff. The provider had ensured that a core staff team was present in the centre, that was consistent and in line with the statement of purpose and the assessed needs of the residents. It was noted that in recent months a number of agency staff were required to cover gaps in the roster while recruitment was ongoing. The provider had ensured where possible they utilised the same agency staff to ensure consistency and familiarity to the residents. The provider had successfully recruited a number of staff who are currently in induction phase.

The centre had four full time team leaders in place who covered sleepover shifts on the roster, therefore they were available 24/7 for any additional support that may be required. From review of the rosters it was found that team leaders covered support shift when they could not be filled by agency. For example, in the month of February the team leaders covered seven support shifts to ensure full staffing was in place each day in the centre.

The inspector reviewed the previous three months of rosters and found they were well-maintained with the planned and actual roster available. Training, annual leave and gaps such sick leave or maternity leave were planned in advance with sufficient cover in place. The centre had safeguarding plans in place with specific staffing arrangements identified and these arrangements were evident on the roster.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a system and policy in place for the training and development of the staff team. The inspector reviewed the staff training records that were available in the centre. This training record was newly implemented across the service and included mandatory, centre specific and additional training. The centre also keep a record of all agency training which was provided from their employer in advance of them working shifts.

From review of these records all staff had received their mandatory training and centre specific. Many staff were also given the opportunity to carry out additional training. The person in charge stated the training new staff members receive was very beneficial to their role and was evident through the interactions and support given to the residents. New staff are provided with a training plan from their first week to the end of their fifth month. This allows staff to gradually complete all expected training during their probation period.

In line with the providers policy, the person in charge and team leaders had completed supervision meetings with each staff member including regular agency staff on a bi-monthly basis. There was a schedule in place for planning and recording of completed supervisions. From review of these meetings minutes the inspector found they focus on topics such as staff training and performance,

safeguarding, service improvement and there was evidence of follow up on actions from previous meetings.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place within the centre. The staff team had the support of a team leader on shift at all times. The staff team and team leaders reported to the person in charge who was supported in their role by the head of operations.

The person in charge had the responsibility of this centre only and was employed on a full time basis. There was a series of comprehensive audits both at local and provide level in place. The provider had ensured that both the annual and six monthly provider audits had been completed in line with the time frame set out in the regulations. On review of these audits they were found to be detailed and captured the lived experience of the residents in the centre, they were reflective of where the centre was at and identified where improvement plans were required. The person in charge was seen to be completing monthly audits on medication, health and safety and finance reviews.

It was evident the head of operations were present in the centre regularly, on a monthly basis they completed a monitoring report. The inspector review these reports from December 2024 to February 2025. Each month the actions from the previous report were reviewed and marked as completed. The reports were detailed and action focused, they covered a range of topics such as, feedback from residents and their representatives, medication, safeguarding, complaints, incidents and restrictive practices.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose is an governance document which outlines the service to be provided in the designated centre. As part of the registration application the provider had submitted a statement of purpose which outlined the service provided and met the requirements of the regulations. The inspector had reviewed the statement of purpose prior to the inspection and found that it described the model of care and support delivered to the resident in the service and the day-to-day operation of the designated centre was in line with what was observed on the day of the inspection.

Judgment: Compliant

Quality and safety

From what the inspector observed, speaking with the residents, staff and management and from review of the documentation, it was evident that good efforts were being made by the provider, person in charge and the staff team to ensure that residents were in receipt of a good quality and safe service. Residents were afforded good opportunities to engage with their community and complete activities of their choosing. Their home was spacious, warm and comfortable.

There were a range of systems in place to keep the residents safe, including risk assessments, safeguarding measures and medication management procedures. The systems in place were utilised in an effective manner ensuring that adequate guidance was available for staff.

Regulation 13: General welfare and development

From review of support plans, daily notes and records of goals set out at monthly planning meetings. It was evident that all residents were supported to engage in a number of meaningful activities in line with their assessed needs and expressed preferences.

One resident was currently choosing to do in house activities and they enjoyed doing exercise in the garden. They were observed by the inspector to do several laps of the house, the resident would decide how many laps they were going to do, inform the staff and complete the laps. The residents was then observed to sit and relax on a couch in the hallway looking out the door towards the main road where there was lots of activity such as passing traffic and people walking.

One residents was in the process of returning to swimming. The staff team were supporting them to slowly become familiar with the swimming pool premises again and while they had not yet engaged in getting into the water, staff continued to use gentle encouragement to support the resident to become comfortable with the idea of the water again as they previously really enjoyed swimming.

Judgment: Compliant

Regulation 17: Premises

This centre comprises of a large two story house and large enclosed garden. The centre is located close to all amenities in the local town. The house is bright, spacious and well ventilated. Each resident has their own bedroom with en-suit and ample storage for their clothing and belongings. There is multiple communal areas for the residents to spend time. Some communal rooms have TV's and others have art and crafts and sensory items available for residents use.

The person in charge informed the inspector of developments they have planned for the garden at the rear of the house. They were successful in getting funding for a polytunnel to grow fruit and vegetables, new outdoor seating and one resident is purchasing a shed for themselves.

Some recent improvement works had taken place at the centre, including painting of the hall stairs and landing. Some residents had made improvements to their bedrooms by hanging some sporting memorabilia, new paint colours and bedding.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the resident's guide which was submitted to the Chief Inspector of Social Services as part of the application to renew the registration of this centre. On the day of the inspection the inspector requested the provider to submit a revised copy of the residents guide that includes arrangements for residents involvement in the running of the centre.

The provider had developed many easy ready documents available to the residents and these were discussed with them at key working sessions. Examples of discussions that took place included, rights, advocacy and how to make a complaint.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep the residents safe in the centre. There was a policy on risk management available and the residents had a number of individual risk assessments on file to support their overall safety and well being. A monthly health and safety audit was completed by the person in charge and reviewed by the health and safety manager of the service.

The inspector reviewed the individual risk assessments in place for three residents and found that they were in date, descriptive and measures in place suitability addressed the risk. For example, an incident had occurred between two residents while traveling in the service transport, the control measures were updated to

include one staff member now sits in the back with the residents when travelling.

The provider and person in charge were engaging in positive risk taking. This was evident for one resident who previously had limitations on activities they engaged with in their community due to behaviours of concern. This residents was successful in getting a formal diagnosis and effective treatment plan last year which has had a positive impact on their presentation. The staff team have been supporting this resident to try new activities in the community such as having a meal out which have been very successful to date.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had policies, procedures and systems in place for the receipt, storage, return and administration of medications. The inspector observed suitable storage facilities for medication, including 'as required medication' (PRN) medication. The keys for the medication storage units were kept in a lock box in the office at all times when not in use. Good practice measures were in place for the administration of medications, for example when a staff was dispensing and administering medication they place a sign on the office door to alert other staff members not to disturb, this reduced the risk of distraction and potential for medication errors.

All staff had completed training in safe administration of medicines. The inspector reviewed the prescriptions (kardex) for three residents and found them to be in date and contain the relevant information for the safe administration of medication. All administration of medication had been appropriately signed for both daily and PRN medication over the previous two months.

A medication audit was completed each month by the person in charge. The audit included the review of four residents files and medication stock each month. Topics covering in the review included medication records, ordering, transfer, storage and disposal of medication. The person in charge had arranged for the February audit to be completed by a clinical nurse lead, this audit was review by the inspector. The audit had identified areas for improvements and listed 8 actions, these actions were signed off and observed as completed on the day of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments and personal plans and found them to be person centred, detailed and up-to-date. From review of the

documentation it was clear that residents strengths and needs were known, and clear guidance was in place for staff to support the individual. Residents were invited and attended their review meetings and some documentation was available in easy read or picture format, in line with the residents communication requirements. One resident had support plans in place for, physical well being, finances, appearance and medication. The supports outlined in these support plans were observed on the day of inspection.

Each resident was supported monthly to develop their activities calendar and were given choice about what activities they would like to do over the coming month. Each week this planner would be developed into their weekly schedule. On review of each residents monthly planner the inspector found residents were involved in both, in house and community based activities. Such activities included, arts and crafts, Jacuzzi, bus into town, visiting the cinema, equine therapy, sensory room in the centre, overnight trip away, swimming and household shopping.

One resident had been supported to go shopping for a new shed for the garden. They wanted a shed they could use during the summer to carry out their own personal jobs and sit out and relax when they had visitors. The inspector observed photos of the residents visiting different garden centres and choosing the right shed for them. They were supported to order and pay for the shed, the shed is due to be delivered in by the end of the month.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour.

Residents had behaviour support plans in place that were regularly updated by the behaviour support specialist. Three of these plans were reviewed by the inspector on the day of the inspection and were found to be detailed in nature. They included information such as triggers, motivation, proactive and reactive strategies. Reactive strategies were broken down into the residents presentation and how best to support them. The plans were found to be supportive to staff and were reflective of the residents risk assessments and support plans.

All restrictive practices in place within the centre were reviewed and signed off by the providers restrictive practice committee in November 2024. The inspector observed daily and intermittent logs in place for all restrictions. A significant reduction in the use of restrictive practice ws noted since the last inspection. For example, one resident had most of their clothing returned to their room and a plan in place to eventually store all their clothing in their wardrobe again. A number of food items that were previously locked away are now stored in the kitchen press and accessible to the residents and their is no longer specific seating arrangements

in the service transport for residents.

The provider and the person in charge were actively reducing restrictions where appropriate, many of these reductions were successful at the time of the inspection. The topic of restrictive practice was discussed at all team meetings to ensure staff were aware of the reduction plans in place.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. For example, there was a clear policy and procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Incidents were reported on the providers online system and reviewed by the person in charge. Any incidents of a safeguarding nature had been reported to the relevant authorities and appropriate safeguarding plans put in place. There was one open safeguarding plan in place on the day of the inspection. The measures taken to address safeguarding concerns were effective at the time of inspection. For example, a staff member now sits in the back of the transport when two residents are travelling together.

Where residents required support with personal care there were intimate care plans in place that clearly guided staff practices and contained details in relation to the residents preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Through review of documentation, observations of the resident interactions with staff, conversations with the staff members on duty and the person in charge, it was evident that the residents lived in a service that empowered them to make choices and decisions about where and how they spend their time. The residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication attempts. For example, one residents was observing a staff member making lunch, they were concerned the staff was putting cheese on their roll, the staff respectfully reassured the resident on a number of occasions the cheese was on the staff members lunch not the residents.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	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