Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Blackberry Lodge
Name of provider:	Praxis Care
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	22 August 2025
Centre ID:	OSV-0007965
Fieldwork ID:	MON-0047273

About the designated centre

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

Blackberry lodge provides a full time residential service for a maximum of five adults, male and female, with intellectual disability, mental illness, autism, behaviours that challenge, additional communication needs and/or other health needs as required. The premises is a two storey building situated in a rural area in Co.Wexford on a large site with garden to the back and side of the residence. The centre has a self contained unit on the ground floor for one resident which comprises a kitchen/dining/living room, a sun room and en-suite bedroom. The rest of the premises comprises a large kitchen/dining room, a utility room, one large sitting room, one lounge, five bedrooms all en-suite and one downstairs bathroom. The staff team comprises of a social care workers and support staff. Further therapeutic supports are available to residents through HSE referrals. The team is supported by a person in charge and social care team leader. Local amenities to the centre include beaches, shops, cafe's, cinema's and sports facilities

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Friday 22 August 2025	09:00hrs to 17:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This was an unannounced inspection and the purpose of this inspection was to monitor the centres ongoing levels of compliance with the regulations and review safeguarding measures in place. Overall, the inspector found that the residents were safe in this centre and were supported to enjoy a good quality of life which was respectful of their choices and wishes.

The inspector had the opportunity to meet with the four residents living in the centre throughout the day. Three residents were heading out to day services on the service vehicle when the inspector arrived to the centre. All appeared happy and content together supported by staff on the vehicle and they greeted the inspector. One resident chose to not attend day services and stayed at home in the centre for the day. This choice was respected by staff and the resident was supported to engage in other individual activities during the day.

The inspector started the day with a walk around the centre, facilitated by the centres team leader. The centre comprised of a large two-storey house situated in a rural area in Co.Wexford on a large site with garden to the back and side of the residence. The centre has a self contained unit on the ground floor for one resident which comprises a kitchen/dining/living room, a sun room and en-suite bedroom. The rest of the premises comprised of a large kitchen/dining room, a utility room, one large sitting room, one lounge, five bedrooms all en-suite and one downstairs bathroom. The premises and garden were maintained to a high standard and were welcoming and homely. Residents pictures and personal belongings were noted around the centre.

Residents were supported by a team of social care workers and support staff. The staff team was very consistent and there was minimal use of relief staff in the centre. Due to residents changing needs, management had recently reviewed the staff rota and had changed specific shifts to meet these needs. The centre had a full-time person in charge who was supported by a full-time team leader with enhanced responsibilities. Management were regularly present in the designated centre and appeared very familiar with all of the residents and their individual needs. Warm, personal and familiar interactions were observed between the staff and the residents and care being delivered appeared person-centred. The staff were observed to treat residents with dignity and respect over the course of the inspection

Aside from day services, residents regularly enjoyed partaking in a number of activities in the local community including walks on the local beach, bowling, baking, trips to the cinema, horse riding, gardening, swimming and movie nights. The centre also had a designated sensory room which had comfortable seating, lights and multi-sensory equipment available at all times to the residents. One resident in particular enjoyed relaxing there regularly. The inspector also observed a new polytunnel outside in the centres garden and the team leader noted that this was a

new project, where residents and staff were hoping to grow some plants and vegetables. A trampoline was also observed in the centres garden.

Residents returned from day services in the afternoon and the inspector observed two residents relaxing together in the centres living room. The residents appeared happy and comfortable in each others company. One resident was enjoying doing some colouring while watching a show on television and the second resident was organising some of their toys. The atmosphere was quiet and relaxed. Staff were preparing dinner and the smell of home-cooked food was noted in the house.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered in the centre. Overall, high levels of compliance with the regulations reviewed were observed, with one non-compliance noted under Regulation12.

Capacity and capability

The inspector found that the registered provider, Praxis Care, was demonstrating the capacity and capability to provide appropriate care and support to the residents which was person-centred and promoted the resident's needs and preferences. The provider had ensured that the centre was adequately resourced and that the service provided was safe and effectively monitored. There was a clear management structure in place and lines of accountability. The person in charge and team leader had robust review systems to ensure day-to-day oversight of the centre's running.

Regulation 15: Staffing

There were appropriate staff numbers in the centre and there were effective systems to support staff to carry out their duties to the best of their abilities. The staff team comprised of social care workers and support staff. There was a staff rota in place that was well maintained and accurately reflected staff on duty during the day and night. There was a core staff team in place who provided continuity of care to the residents. Due to residents changing needs, management had recently reviewed the staff rota and had changed specific shifts to meet these needs.

Staff were in receipt of regular formal supervision every two months with their line managers. The provider had a staff training program in place and staff meetings and resident meetings took place on a regular basis. The inspector reviewed a sample of five staff personnel files and found that they contained all items set out in Schedule 2 of 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). This included Garda Vetting, evidence of qualifications,

identification and references from previous employment.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed training records for all staff working in the centre. Training records reviewed demonstrated that all staff had up-to-date training and refresher training. Staff had completed training in a number of mandatory areas including:

- Fire Safety
- Safeguarding of Vulnerable Adults
- Medication Management
- Manual Handling
- Infection Prevention and Control and Hand Hygiene
- First Aid
- Behavioural Support
- Human Rights

The service had also facilitated a number of centre specific training sessions such as training in autism support, risk management, restrictive practices and supported decision making. The person in charge and team leader were completing formal one-to-one supervision with all staff members on a two monthly basis.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and lines of accountability. The centre had a full-time person in charge who was supported by a full-time team leader with enhanced responsibilities. Management were regularly present in the designated centre and appeared very familiar with all of the residents and their individual needs.

The person in charge and team leader had clear checking and management systems in place to ensure day-to-day oversight of the centre's running. There were a number of quality assurance audits in place to review the delivery of care and support in the centre. These included six-monthly unannounced provider visits and an annual review for 2024. These reviewed the centres levels of compliance with the regulations and were appropriately self-identifying areas in need of improvements. Actions plans with clear timelines and persons responsible were developed following these reviews.

The person in charge also completed a monthly monitoring visit which included a review of any outstanding actions to be completed, complaints, the staff rota, restrictive practices, accidents and incidents, safeguarding measures and health and safety.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector was notified of these, as required by Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints appeared to be managed well within the centre. The inspector noted the complaints procedure prominently displayed in the designated centre along with details of the designated service complaints officer. Records of any complaints received were maintained and any complaints appeared to have been responded to in a serious and timely manner. Residents did not communicate any complaints with the inspector on the day of inspection.

Judgment: Compliant

Quality and safety

Systems were in place to regularly review and monitor the quality and safety of care and support in the centre. The staff team and management were striving to provide a safe and high quality level of care to both of the residents.The provider, person in charge and team leader had endeavoured to address any actions from the centres most previous inspection. However, supporting residents to fully gain control of their own finances continued to be an ongoing piece of work as discussed further under regulation12.

At the time of inspection there were no open safeguarding concerns. Residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support.

Regulation 12: Personal possessions

It was evident that the person in charge and team leader had endeavoured to address any actions regarding the oversight of residents finances from the centres most previous inspection. Management had engaged with residents families, advocacy services, financial services and the decision making support services. However, supporting residents to fully gain control of their own finances continued to be an ongoing piece of work in the centre. Due to the nature of two residents financial accounts, the service did not have full oversight of their finances. Three residents in the centre did not have access to bank cards. The person in charge noted that at present, these three residents had no issues with purchasing any items they required.

A number of systems were in place to safeguard residents monies stored in the centre and these included daily checks and monthly audits. All residents had inventory lists in place and these were well maintained and reviewed regularly and all residents had financial capability assessments in place.

Judgment: Not compliant

Regulation 17: Premises

The premises was designed and laid out to meet the assessed needs of the residents. The centre comprised of a large two-storey house situated in a rural area in Co.Wexford on a large site with garden to the back and side of the residence. The centre has a self contained unit on the ground floor for one resident which comprises a kitchen/dining/living room, a sun room and en-suite bedroom. The rest of the premises comprised of a large kitchen/dining room, a utility room, one large sitting room, one lounge, five bedrooms all en-suite and one downstairs bathroom.

The premises and garden were maintained to a high standard and were welcoming and homely. There were suitable private and communal spaces provided throughout the centre. The garden provided an outdoor space for residents to relax in the nice weather and had a seating area, a trampoline and a polytunnel.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place in the centre for the assessment and management of risk. The premises was in a good state of repair and environmental risks had been

considered and mitigated when necessary. The centre had a safety statement and this was available to staff and residents.

Each resident had a number of individual risk assessment management plans on file, so as to support their overall safety and wellbeing. Individual risk assessments highlighted specific concerns and outlined resources in place to reduce the identified risks. These were regularly reviewed and updated when required.

There were systems in place to ensure incidents were reported and managed in an effective manner. This included a log of any adverse incidents such as falls or incidents of behaviours of concern.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, it was found that the registered provider had ensured effective management systems were in place in the centre for fire safety. Following a walkaround the premises, the inspector observed fire fighting equipment, emergency lighting, clear exit routes, detection systems and containment systems. Fire fighting equipment was regularly serviced by an external fire specialist and there was certification in place to confirm their efficiency.

Staff and residents were completing emergency evacuation drills every six months which demonstrated the ability to evacuate the centre in a safe and efficient manner. These simulated both day and night time conditions. Risk assessments had been completed to consider and mitigate potential fire safety risks and hazards and residents all had personal emergency evacuations plans (PEEPs) in place. Clear guidance was available to staff on the centres evacuation procedures. All staff had up-to-date training in fire safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had comprehensive assessments of need and personal plans in place. These appropriately reflected the resident needs and supports required for activities of daily living. Assessments and care plan were subject to regular review.

Residents had allocated person centred planning folders and annual review meetings were held with residents and their families and support staff, where residents personal goals were discussed, reviewed and planned for the year ahead. Short and long term goals were set. Progression of residents personal goals was evident and social stories and key working sessions were used. One resident had set out goals to

enhance some personal care skills and to share a meal with their peers. Other residents had plans for holidays and day trips.

Residents enjoyed engaging in a range of activities. Three residents attended day services and one resident had recently decided they did not want to attend day services daily. This choice was respected by staff and the resident was supported to engage in other individualised activities daily. Aside from day services, residents regularly enjoyed engaging in a number of activities including walks on the local beach, bowling, baking, trips to the cinema, horse riding, gardening, swimming and movie nights. The centre also had a designated sensory room which had comfortable seating, lights and multi-sensory equipment available at all times to the residents. One resident in particular enjoyed relaxing there regularly. The inspector also observed a new polytunnel outside in the centres garden and the team leader noted that this was a new project, where residents and staff were hoping to grow some plants and vegetables.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, there were systems in place to support residents in line with their assessed needs in relation to positive behavioural support. Residents had input from suitably qualified behavioural specialists who visited residents in the centre and developed behavioural support plans when required. These included proactive supports for staff to use.

There were some restrictive practices used in the centre and these were in use secondary to identified risks. Restrictive practices had a clear rationale and were suitably assessed and reviewed on a regular basis. The service had a restrictive practice committee which comprised of the services management team, staff team and behavioural specialist.

Judgment: Compliant

Regulation 8: Protection

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. All residents had intimate care plans in place which guided staff to safely support residents with personal care.

Safeguarding incidents were minimal and treated in a serious manner and in line with national policy. The inspector observed a number of safeguards in place to protect residents including risk assessment reviews, staff supervision, behavioural

therapy input, regular monitoring and key working sessions with 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	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

Compliance Plan for Blackberry Lodge OSV-0007965

Inspection ID: MON-0047273

Date of inspection: 22/08/2025

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 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: • The Person In Charge will contact financial institutions to further discuss residents accessing their bank account with support from the registered provider. To be completed by 31/12/2025 • The Person In Charge will contact with the Decision Support Service to discuss options available to ensure that appropriate arrangements are in place to support service users to have access to their bank accounts. To be completed by 31/01/2026 • The Registered Provider will share findings of this report with relevant stakeholders to ensure that all relevant information is shared for consideration and agreement for next steps to ensure compliance under regulation. To be completed by 30/06/2026. • The Registered Provider will ensure that residents have no barriers in relation to purchasing any items that they wish to purchase or require to meet their needs. Commenced 01/09/2025.	

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
12 (1)	Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/06/2026