



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

## Issued by the Chief Inspector

Name of designated centre:	Station House
Name of provider:	Praxis Care
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	05 July 2023
Centre ID:	OSV-0008392
Fieldwork ID:	MON-0038917

## About the designated centre

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

Station lodge is operated by Praxis Care and is situated on the outskirts of a town in Co. Sligo. The centre provides full time residential services for three adults. The centre comprises of three bedrooms, all of which are en-suite, and there is also communal bathrooms. There is a kitchen, dining room and spacious sitting room, two sensory rooms as well as ample private space for residents. There is a garden to the rear of the centre and facilities at the front. Transport is provided to facilitate residents going on community activities. The staff team liaise with residents, multi-disciplinary members, primary carers and day services in order to provide continuity of care to residents. The staff team consists of a full time person in charge, manager, team leaders, support workers and assistant support workers. Two staff are rostered daily and one waking night staff and one sleepover staff to assist residents at all times. Staff are on duty with support from management 24/7.

**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
Wednesday 5 July 2023	10:30hrs to 16:00hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This inspection was announced and was carried out to monitor regulatory compliance in the centre. As part of this inspection, the inspector observed the care and support interactions between residents and staff. The inspector met with residents who lived in this centre, spoke with staff on duty, and reviewed a range of documentation and processes.

The centre comprised of one house located close to another centre, and provided full time residential services to three residents. At the time of the inspection the service was supporting two residents full time while another resident was receiving specialised care in another facility whilst receiving ongoing support from the staff team.

The centre suited the needs of residents and provided them with a safe and comfortable living environment. It was located in a residential area, close to a busy town, which gave residents good access to a wide range of facilities and amenities. The inspector found the centre well kept, suitably furnished and decorated, and there was adequate communal and private space for all residents. All residents had their own bedroom with an en-suite, and they also had use of sitting rooms, a sensory room and activity room. There was also a well equipped kitchen and dining area and laundry area. The centre also had a secure back garden with appropriate facilities for the residents as well as a large space to the front of the house.

The inspector met with two residents who were present on the day of the inspection, saw how they spent their time, observed interactions between residents and staff. Both residents communicated in their preferred communication style and both chatted briefly but stated they were very happy with the care and support they were receiving. One resident shook hands and fist pumped on meeting the inspector. Throughout the meetings the inspector noted that both residents would seek support or reassurance from staff, which was provided. Both residents had planned activities that day and routine was important to both of these residents. For example, one resident was unwell and attended their general practitioner (GP) on the day of the inspection due to an ear infection, but they still wished to attend their day service to maintain their social connections and activities. One resident was currently transferred to another health care service undergoing appropriate treatment as identified by all of the multidisciplinary team (MDT) supporting them. The management team advised that they were continuing to support this resident, and were maintaining support at this time, with plans ahead for a review of the placement in consultation with this resident. The inspector saw that while plans were at the early stages, this resident was very involved in the discussion and transition process, and understood the plans that were proposed and the move to an individualised service potentially. The management team also spoke about maintaining the day service regardless of this residents placement to ensure consistency and continuity of care and support provided.

All of the residents present in the centre during the inspection were observed at ease and comfortable in the company of staff, some were relaxed and both were happy in the centre. Throughout the inspection, staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed and were providing meals and refreshments to suit their needs and preferences. Staff were very aware of the communication needs and preferences of both residents. There was a range of communication aids available in the centre if required, to assist and support the residents with their views. In addition, the inspector was advised by staff of residents behavioural rituals which were heard and observed during the inspection. This was well documented in the resident's personal plans and did not cause any concerns in the centre as it was well managed and supported.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre, at day services and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents in this centre. IN addition, from documentation reviewed and speaking with residents, it was clear that significant improvements had occurred for the residents living in this centre.

This inspection found very good practice throughout the regulations that were reviewed and there were no areas for improvement on the day of this inspection. This will be reflected in the next two sections of the report.

## Capacity and capability

Overall, the inspector found that the centre had established and ensured the governance and leadership arrangements in the centre were effective, this meant that the quality of the service for residents was kept under regular review and action was taken to ensure a good quality service was being provided.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge, and two team leaders who monitored and managed the daily care and support needs of the residents. The person in charge was actively involved in the day-to-day governance of the centre and was knowledgeable on residents' assessed needs.

Staffing arrangements at the centre ensured that residents' needs continued to be met in-line with their assessment of needs and care plans. This meant that residents were able to regularly enjoy activities of their choice, both at the centre and in the local community, and work towards achieving their personal goals such as increased independent living skills.

The person in charge ensured that residents were supported by a qualified and

knowledgeable staff team. Staff knowledge was kept up-to-date through regular access to training opportunities on both residents' assessed needs and current developments in health and social care practices. In addition, staff attended regular team meetings and were supported with their individual professional development through one-to-one formal supervision arrangements as well as informal arrangements in place.

The provider ensured that the quality of residents' care and support was subject to ongoing review through a range of regular management audits on all aspects of the centre's operations. The provider ensured that day-to-day internal checks were carried out by staff as well as unannounced visits by a person nominated by the provider. Where audits and visits identified areas for improvement, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre. The provider also conducted an annual review into the quality of the care and support provided, which included consultation with both residents and their representatives about their experiences at the centre.

The provider's risk management practices were effective, subject to regular review and had put in place procedures to respond to adverse incidents which might occur. Staff were aware of and understood the risks identified in the centre, their associated control measures and any actions to be taken in the event of an emergency. Furthermore, the provider had arrangements in place for both the recording and analysis of accident and incidents, with the findings being regularly discussed with and incorporated into staff practices. This meant that staff were able to learn from and adapt their approaches to care and support when assessing and meeting the residents' needs.

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned and actual staffing rosters had been developed by the person in charge and these were accurate at the time of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling, and safeguarding, in addition to other training relevant to their roles. There was a training schedule to ensure that training was delivered as required.

Judgment: Compliant

### Regulation 23: Governance and management

There was effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. During this inspection that a comprehensive range of audits were being carried out to review the quality of the service and to inform improvements to the service required. This included; medication, premises, residents finance and general finance in the centre.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were contracts in place which clearly laid out the services offered to residents and any charges incurred.

Judgment: Compliant

### Regulation 31: Notification of incidents

The provider had ensured that systems in place for reporting of all notifiable events to the Chief Inspector of Social Services as required by the regulations. The person in charge was aware of these requirements and relevant events had been reported accordingly.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. Any complaints received in the centre had been suitably managed, investigated and recorded. There was an informative complaints policy and procedure in place.



Judgment: Compliant

## Quality and safety

Residents received a good quality of care in-line with their assessed needs at the centre. Practices at the centre ensured that residents were safe from harm, but also supported residents; dependent on their abilities, to undertake positive risk-taking in their daily lives. Throughout the inspection the provider; and the staff working in the centre, consistently demonstrated a commitment to improving the residents' quality of life and experiences in the centre.

Residents participated in a range of activities both at the centre and in the local community, which reflected their personal choices and assessed needs. Residents were supported to attend day services in the local area during the week, which they enjoyed. Where residents required a more bespoke day programme this was provided by the centre's staff team and directed by the resident's interests and personal goals. Arrangements were also in place to support residents to increase and maintain their independent living skills through positive risk taking.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated, when their needs changed, which ensured consistency in the delivery of this support. Staff were knowledgeable on all aspects of supports required by residents. Furthermore, residents' personal plans were subject to an annual review into their effectiveness with review meetings being attended by the resident, their representatives and associated multi-disciplinary professionals. Residents understood and participated in choosing the support they would receive at the centre, through key aspects of their personal plan such as setting personal goals, which were made available to them in an accessible version.

Where residents had behaviour that challenges, the provider had arrangements in place which ensured that they were supported by a multi-disciplinary approach. Comprehensive behaviour support plans to guide staff interventions and to support the reduction of these behaviours had been developed by qualified behavioural specialists. These plans were being reviewed regularly to ensure they were being implemented correctly and that the interventions were effective. Where restrictive practices were in use, there was a clear rationale for their use and evidence that the use of the restriction was subject to both approval and frequent review by the provider's Human Rights Committee, to ensure that this remained the least restrictive practice.

Residents were protected from harm at the centre, with arrangements in place to effectively manage an emergency such as an outbreak of fire. Appropriate and well-maintained fire equipment was installed at the centre and regular fire drills were carried out to assess the effectiveness of the centre's fire safety arrangements. Regular drills also ensured that both residents and staff understood the actions to be

taken in the event of an evacuation, which was further reinforced by regular fire safety training for staff.

Residents were supported to be involved in making decisions about the running of the centre. Residents participated in regular house meetings where they decided the weekly menu for the centre and planned their social activities. The provider also ensured that information for residents on their rights including, how to make a complaint and access to advocacy services, was available in an accessible format.

### Regulation 11: Visits

Visits were facilitated and welcomed in the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured that an effective risk management arrangements in the centre, which ensured that risks were identified, monitored and regularly reviewed. A wide range of risks and their control measures were included in the centre's risk register.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, including, fire detection and emergency lighting and regular fire safety checks. Fire drills were regularly occurring with all staff and the residents records demonstrated that staff could effectively support the residents to evacuate the centre in a timely manner.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, social care needs of each resident had been carried out, and an individualised personal plans had been developed for residents based on their assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were appropriately supported with their emotional needs. Behaviour support plans had been developed as required for residents, following ongoing assessment, and in consultation with a behaviour therapist. Behaviour support plans gave detailed guidance on environmental accommodations and programme interventions to support residents with their emotional needs. Plans were personalised incorporating residents individual communication styles and preferences. The inspector found staff knowledgeable of these guidelines and were aware of residents support needs.

Judgment: Compliant

### Regulation 8: Protection

The provider had arrangements in place to safeguard the residents from any form of harm.

Judgment: Compliant

### Regulation 9: Residents' rights

Resident's choices and preferences were respected by staff. The inspector noted that staff were offering choice in a range of activities and at the time of the inspection. In addition staff spoken with were developing residents' independence and skills since moving to the centre. These activities included going to the local shops, and coffee shops.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	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