



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

## Issued by the Chief Inspector

Name of designated centre:	Brookfield
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	17 February 2021
Centre ID:	OSV-0005686
Fieldwork ID:	MON-0024756

## About the designated centre

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

Brookfield is a community home for up to five adults with an intellectual disability. The service can support both male and female residents. The house is located in County Dublin and is a two-storey detached home with six bedrooms. It has been recently renovated to meet the needs of residents residing in the centre. Each resident has their own bedroom with an en-suite bathroom. There is a sitting room, quiet room, downstairs toilet and a spacious kitchen/dining/living area. There is also a separate utility room in the back garden. The back garden has been adapted to meet residents' needs. The house is located in close proximity to public transport and a wide variety of social, recreational, educational and training facilities. The house is social care led and residents are supported 24 hours a day, seven days a week.

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

Number of residents on the date of inspection:	5
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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 - 2015 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 17 February 2021	11:00hrs to 16:30hrs	Maureen Burns Rees	Lead

## Views of people who use the service

From what the inspector observed, there was evidence that the residents living in the centre received care and support which met their assessed needs. However, ongoing compatibility issues in the centre were proving difficult to manage and were impacting upon the lived experience of all residents.

The centre comprised of a six bedroom detached house. It was located in a quiet housing estate within walking distance of shops and other local amenities. There were five residents living in the centre who had been living together for an extended period. There were appropriate governance and management systems in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations.

On this inspection, the inspector met briefly with four of the five residents living in the centre. Conversations between the inspector and the residents was undertaken from a two metre distance, with the inspector wearing the appropriate personal protective equipment and was time limited in adherence with national guidance. Warm interactions between the residents and staff caring for them was observed. One of the residents provided the inspector with a guided tour of their bedroom and the communal areas of the centre. The resident appeared very proud of their home. Each of the residents met with appeared in good form and comfortable in the company of staff. Two of the residents spoken with, individually told the inspector that they enjoyed the company of a number of the other residents and staff. One of the residents spoke about the impact of COVID-19 on their lives. In particular, this resident referred to changes in daily routines whereby a number of the residents were unable to attend their day service and consequently the centre was 'busier' during the day with the residents being in the centre all day. A resident was observed to enjoy listening to music and playing computer games in their room whilst other residents enjoyed the company of staff. Staff members spoken with outlined that national COVID-19 restrictions had negatively impacted upon parts of the resident's daily routine and in particular their one-one contact with family members.

There was an atmosphere of friendliness in the centre. Numerous photos of the residents and their family members were on display. Some art work and pottery for one of the residents was also on display. Staff were observed to interact with residents in a caring and respectful manner. For example, staff knocked and sought permission to enter a resident's bedroom. Another staff member was noted to respectfully speak with a resident about a walk they had just completed together and planning a further walk that evening. Residents were assisted to empty the dishwasher and prepare snacks. One of the residents was observed to independently go to the shop and to return with their weekly supplies.

The centre was found to be comfortable, accessible and homely. However, some chipped paint on walls and woodwork was observed in a number of areas. There

was a medium sized and well maintained garden for the resident's use. This included an outdoor seating area. There was also a small separate building at the back of the centre which was used as a laundry room for residents use but also housed a pool table. The centre was spacious with a good sized kitchen, dining and sitting room area. There was also a separate smaller sitting room area. Each of the residents had their own en-suite bedroom which had been personalised to their own taste. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

Residents and their representatives were consulted and communicated with, about decisions regarding the residents' care and the running of the house. There was evidence of regular house meetings with the residents and conversations with residents in relation to their needs, preferences and choices regarding activities and meal choices. The inspector did not have an opportunity to meet with the residents' relatives but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with relatives as part of their annual review which indicated that they were happy with the care and support being provided for their loved ones. Residents had access to an advocacy service if they so wished.

The residents' were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including video and voice calls. At the time of inspection, all visiting to the centre was restricted in line with national guidance for COVID-19. It was reported that it had been difficult for some of the residents not having face to face contact with their families, but that they had coped well using video and voice calls, and sending and receiving letters from family and friends. A support plan had been put in place for the residents in respect of COVID-19 and its impact on their life.

The residents were supported to engage in meaningful activities in the centre, although some residents were reluctant to engage in many activities. In line with national guidance regarding COVID-19, the centre had implemented a range of restrictions impacting the resident's access to activities in the community. Pre COVID-19, a number of the residents were engaged in day service programmes in the community. However, a number of these had closed due to COVID-19. The provider had re-deployed staff to the centre from its closed day service programme. These re-deployed staff engaged a number of the residents in activities from the centre each day. Examples of activities engaged in included, Jigsaws and board games, walks to local scenic areas, arts and crafts, computer games and listening to music. The centre had its own pool table which a number of the residents enjoyed playing. A number of the residents continued to engage in programmes via video conferencing, for example cookery, social groups and literacy. One of the residents availed of an outreach service. The centre had a vehicle for use by the residents.

The majority of the staff team had been working in the centre for an extended period. This meant that there was consistency of care for the residents and enabled relationships between the residents and staff to be maintained. The inspector noted that the residents' needs and preferences were well known to staff met with, and

the person in charge.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the resident's needs. There were safeguarding concerns in the centre in relation to compatibility issues. However, the provider had identified this issue and was actively addressing this through a planned transition for one resident to a more suitable placement, they had revised staffing arrangements to provide additional supervision, and put safeguarding plans in place for each of the residents.

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge held a diploma in leadership for health and social care, a certificate in intellectual disabilities, a certificate as a special needs assistant and a certificate in mental health. She had more than six years management experience. She was in a full time position and was not responsible for any other centre. She was supported on a part-time basis by a team leader. The person in charge was found to have a good knowledge of the requirements of the regulations. She had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the head of operations, who in turn reported to the director of care and operations. The person in charge and head of operations held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. The head of operations completed monthly service visit reports. The person in charge had undertaken a number of other audits and checks in the centre on a regular basis. Examples of these included, quality and safety checks and audits. There was evidence that actions were taken to address issues identified in these audits and checks. A quality enhancement plan was in place which included issues identified through the various audits and proposed actions, There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The staff team were found to have the right skills, qualifications and experience to

meet the assessed needs of the residents. However at the time of inspection the full complement of staff were not in place as there was a vacancy of 52 whole time equivalent hours. The provider had revised the staffing rota at night to provide additional staffing to meet residents' identified needs. However, this additional staffing resource was being provided by a small number of agency staff. The majority of the staff team had been working with the residents for an extended period. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. However, at the time of inspection, there were vacancies of 52 whole time equivalent staff hours. Additional staffing had also been assessed as required for night time which was being provided by a small number of agency staff.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff had attended all mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant



## Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. There was a quality enhancement plan in place.

Judgment: Compliant

## Quality and safety

Overall, the residents living in the centre, received care and support which was of a good quality and person centred. However, compatibility issues were impacting upon the living experience for all residents. In addition, improvements were required in relation to arrangements for annual reviews of residents' personal plans.

The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, an annual personal plan review had not been completed in the last 12 months, for a number of the residents, in line with the requirements of the regulations. A care plan and personal support plan reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices.

Compatibility issues were presenting a safeguarding concern in the house. Efforts were being made to address this primarily by identifying an alternative placement for one resident. However, this alternative placement had not yet been confirmed. There were some measures in place to protect the residents from being harmed or suffering from abuse. The provider had reviewed staffing arrangements and introduced waking night staff at night in addition to a sleep over staff member to support and safeguard residents. Safeguarding plans were in place for each of the residents. The provider's behavioural therapist provided regular support for the residents and staff team. Behaviour support plans were in place for the residents identified to require same. There had been an increasing number of allegations or suspicions of abuse in the preceding period. The provider had a safeguarding policy in place. Intimate care plans were in place for residents identified to require same which provided sufficient detail to guide staff in meeting the intimate care needs of residents.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments. These outlined appropriate measures in place to control and manage the risks identified. There was a risk register in place. Health and safety

audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences.

Suitable precautions were in place against the risk of fire. However, it was noted that one of the five residents had not been involved in a fire drill for an extended period. Fire drills involving the other residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner. There was documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the residents in the event of fire was prominently displayed. Fire safety arrangements were noted to be discussed at residents meetings. The residents had a personal emergency evacuation plans which adequately accounted for the mobility and cognitive understanding of the individual residents.

There were procedures in place for the prevention and control of infection. The provider had completed risk assessments and put a COVID-19 contingency plan in place which was in line with the national guidance. The inspector observed that all areas appeared clean, although some maintenance to paintwork in some areas was identified as required, as referred to below. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Temperature checks for staff and residents were being undertaken at regular intervals. In line with national guidance, disposable surgical face masks were being used by staff whilst in close contact with residents.

## Regulation 17: Premises

The centre was found to be homely and suitably decorated. However some chipped paint on walls and woodwork was observed in a number of areas. The centre was spacious with a good sized kitchen, come dining and sitting room area. In addition there was a separate smaller sitting room area. Each of the residents had their own en-suite bedroom which had been personalised to their own taste.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The health and safety of the resident, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. A cleaning schedule was in place and the centre appeared clean. A COVID-19 preparedness and service planning response plan was in place which was in line with the national guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. However it was noted that one of the five residents had not been involved in a fire drill for an extended period. Fire drills involving the other residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Overall, the residents' well-being, protection and welfare was maintained by a good standard of evidence-based care and support. However, an annual personal plan review had not been completed in the last 12 months, in line with the requirements of the regulations, for a number of the residents..

Judgment: Substantially compliant

### Regulation 6: Health care

The residents' healthcare needs appeared to be met by the care provided in the centre. Health plans including dietary assessment and plans were in place. There was evidence that the residents had regular visits to their general practitioners and other allied health professionals as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The residents appeared to be provided with appropriate emotional and behavioural support. There were documented reactive strategies in place to guide staff in supporting the residents to deal with identified activities.

Judgment: Compliant

### Regulation 8: Protection

It was identified that compatibility and behavioural issues were having a negative impact on the residents and presented safeguarding concerns. There had been an increase in the number of safeguarding concerns in the preceding period. Although, safeguarding plans had been put in place for each of the residents and staffing support arrangements had been reviewed and increased for identified periods, safeguarding concerns for residents remained.

Judgment: Not compliant

### Regulation 9: Residents' rights

The residents rights were promoted in the centre. Residents' had access to an advocacy service although this access had initially been impacted by national COVID-19 restrictions. There was evidence of consultations with the resident and their family regarding their care and the running of the house. Advocacy, safeguarding, human rights are standing agenda items at residents monthly meetings.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Brookfield OSV-0005686

Inspection ID: MON-0024756

Date of inspection: 17/02/2021

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• Due to the changing needs of one resident, the requirement of a night time (waking night) staff is being provided by agency staff. This is as an interim measure as this resident has been identified to move to new bespoke service. 44 hours out of the current 52 vacant hours shall be transferring to the newly identified service for this resident, thus the vacant hours will be 8.</li> <li>• Two recruitment exercises were completed in March 2020 in order to recruit additional staff.</li> <li>• We currently have three consistent relief staff members who work on the Brookfield Team. These relief staff members cover any outstanding shifts to ensure that safe staffing levels are consistently maintained and that there is a consistent team supporting the residents.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Three quotes have been obtained to repaint the interior and exterior of the house.</li> <li>• Works to be completed in line with Public Health Guidelines to ensure the safety of all residents within the Centre is maintained. Residents were scheduled to receive the AstraZeneca vaccine on the 19.03.2021, however due to the rollout being temporarily deferred this date has been postponed. A contractor COVID 19 risk assessment shall be carried out prior to any work being completed, but it is anticipated that this work should be completed by the 30.06.2021. This work was deferred in order to minimise the risk of COVID 19 to residents and in line with leave 5 restrictions.</li> </ul>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Resident noted not to have participated in a Fire Drill in an extended period, participated in a fire drill on the 22.02.2021.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• Annual review dates have been scheduled for three of the residents' with outstanding annual reviews. Two annual reviews have been scheduled for the 25.03.2021 and the final review has been scheduled to take place on the 31.03.2021.</li> <li>• The minutes of each review shall be typed and placed within the working file of each resident. The individual Every Day Living Plan shall also be updated to reflect new outcomes and objectives for the forthcoming year, alongside the identified support to be offered to each resident to achieve same.</li> <li>• Annual reviews had been deferred in line with level 5 restrictions and Public Health Guidelines.</li> </ul>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>• An alternative placement has been confirmed for identified resident presenting with compatibility and safeguarding concerns within the Centre.</li> <li>• The lease agreement of 5 years (with the option to break after 3 years) has been signed by both the Landlord and Praxis Care and the lease commenced on 15.03.2021.</li> <li>• Paperwork to be submitted to HIQA by the 24.03.2021 for the registration of the new property.</li> <li>• Recruitment for the service is underway for 3 WTE support workers and 0.5 WTE team</li> </ul>	



leaders.

- MDT Meetings involving HSE, family, Safeguarding and Praxis Care occurred.
- Transition Plan meeting occurred on the 10.3.21 and 16.3.21.
- Transition Plan has been devised and will be supported by current familiar residential staff and behavioural team.
- Planned transition date 27.4.21 pending recruitment.
- A Fire Risk Assessment was carried out by organisational Health and Safety Officer, any Fire Safety measures have identified and are due to be completed by the 09.04.2021.

## 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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	27/04/2021
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	30/06/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at	Substantially Compliant	Yellow	22/02/2021

	suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/03/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	27/04/2021