



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

Issued by the Chief Inspector

Name of designated centre:	Windemere, Balbriggan
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	28 September 2023
Centre ID:	OSV-0006374
Fieldwork ID:	MON-0040778

About the designated centre

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

Windemere is a large eight bedded detached home set in its own grounds in a town in Co. Dublin. The home is in walking distance to many local amenities and public transport links. Windemere can accommodate up to six adult service users in total, four in a group living arrangement within the house and two in self-contained apartments that are attached to the group living home. In the group setting the residents have a shared kitchen, large dining room, sitting room, sun room and further quiet room. Each resident has their own individual bedroom. A further two residents can be accommodated in additional self-contained apartments complete with own kitchen/living space, bathroom, and sitting room. All placements are on a full time permanent basis. Windemere aims to provide appropriate support to individuals over the age of 18 years with a diagnosis of intellectual disability, mental ill health and assessed medical needs. The staffing compliment includes a person in charge, team leaders, and support staff. There were two waking staff on duty at night time in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

To prepare for this inspection the inspector or 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
Thursday 28 September 2023	10:30hrs to 16:30hrs	Maureen Burns Rees	Lead

What the inspector observed and residents said on the day of inspection

From what the inspector observed, it was evident that residents living in the centre lived a good quality of life where they were facilitated to enjoy each day to the maximum of their capacity while at the same time being protected. However, at the time of inspection there were a number of staff vacancies, which had the potential to have a negative impact in terms of consistency of care and implementation of arrangements for restrictive practices.

The residents living in the centre presented with complex needs and consequently it had been assessed and agreed by a multidisciplinary team that a number of restrictions were required to support the residents, due to a serious risk to their safety and welfare. Restrictions in place were subject to regular review.

The centre comprised of a large detached house which included two self contained apartments. The centre was registered to accommodate a total of five residents, with three in the main house and one in each of the two self contained apartments. However, at the time of inspection there was only one resident living in the main house and consequently there were two vacancies. Each of the residents had been living in the centre for more than two years. The residents each had their own bedrooms which they had personalised to their own taste.

On the day of inspection, the inspector met briefly and separately with each of the three residents living in the centre and a parent of one of the residents. 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 self contained apartment. 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. The residents indicated to the inspector that they were happy living in the centre and it was evident that they had a close relationship with the staff caring for them. The parent of one of the residents met with, outlined that they were happy with the quality of care that their child was receiving.

There was an atmosphere of friendliness in the centre. Numerous photos of the residents and their family members were on display. One of the residents had a keen interest in volcanoes and had pictures of volcanoes and a world map depicting volcano locations. Staff were observed to interact with residents in a caring and respectful manner. For example, staff were observed to knock and seek permission to enter a resident's bedroom.

The centre was found to be comfortable, accessible and to have the least restrictive environment possible considering the identified risks for residents. There was a medium sized and well maintained garden for the main house and two separate smaller gardens for the individual use of the residents in each of the apartments. The main house was spacious with a good sized kitchen, dining and sitting room area. Each of the two apartments were a suitable size and had been nicely decorated. Each of the residents had their own 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 the environment and restrictions in place and their review. It was noted that a number of restrictions had been reduced and or removed in the preceding period in consultation with the residents and their families. For example, locks on press doors in the kitchen had been removed. There was evidence of key working meetings with the residents in relation to their needs, preferences and choices regarding restrictive practices in the centre.

Residents rights in relation to the use of restrictive practices were being upheld in the centre. While restrictive practices were deemed necessary, it was considered that these were being implemented in a way that did not unduly compromise the dignity and quality of life of the individual resident. It was observed that staff treated residents with dignity and respect and that their privacy was respected. Residents were supported to develop an awareness of restrictive practices through regular key working meetings. They were provided with information about restrictive practices in an accessible format which was appropriate to their communication needs and preferences. The impact of specific restrictions for other residents were considered. It was noted that restrictive practices in place were discussed as part of resident's individual annual reviews with family members present.

The residents' were actively supported and encouraged to maintain connections with their friends and families without unnecessary restrictions. This included video and voice call and visits to the centre and to their family homes. There were no restrictions on visits in the centre.

The residents were supported to engage in meaningful activities in the centre, which were not subject to unnecessary restrictions. Through key working meetings, residents' choice and preference were ascertained regarding their day-to-day lives, links with the community and activities that they wanted to undertake. There was evidence that positive risk taking was supported in facilitating residents' choices and preferences in a non restrictive manner. Some residents were reluctant to engage in many activities. The three residents were each engaged in a formal day service programme. Examples of activities engaged in by the residents included, Jigsaws and board games, walks to local scenic areas, arts and crafts, computer games, listening to music, train journeys, cinema, foot spas, swimming and going out for meals. The centre had a vehicle for use by the residents.

Staff met with had a good knowledge of what constitutes a restrictive practice and of the restrictive practices which had been assessed as required in the centre. Staff spoke of evidence to support the use of specific restrictive practices following assessment of the support needs of individual residents. Staff were conscious of the risks involved and the impact that the use of restrictive practices had on an individual resident's rights and liberty. All restrictive practices used were subject to regular review with the purpose to reduce or eliminate where possible their use. There were detailed behaviour support plans in place to provide clear guidance and direction for staff regarding supporting residents and the use of restrictive practices.

Oversight and the Quality Improvement arrangements

The provider and staff made every effort to promote an environment that had the least possible restrictions so as to maximise residents' independence and autonomy. However, there were a number of staff vacancies at the time of inspection which had the potential to negatively impact consistency of care and restrictive practice arrangements.

There were appropriate governance and management systems in place which ensured that restrictive practices were accurately recorded, monitored and regularly reviewed with the aim of reducing and or eliminating restrictive practices where possible. The head of operations completed environmental monthly monitoring reports (EMMR) which included information on all restrictions used in the centre in that period. The director of care reviewed the EMMR in conjunction with incident data analysis from the quality and governance system. There was a human rights committee with a restrictive practice subgroup. Terms of reference were in place for both and they each met separately on a regular basis. Their objective was to have oversight of the appropriateness of all restrictive practices in use across the service, human rights and assisted decision making. There was an ongoing quality improvement plan in place which was informed by various audits.

The centre was managed by a suitably qualified and experienced person. She had only recently taken up the position but had a good knowledge of the assessed needs and support requirements for each of the residents. She was in a full time position and was also responsible for one other designated centre. She was supported by three whole time equivalent team leaders in this centre. She was found to have a good knowledge of the requirements of the regulations. There were regular staff meetings and all restrictive practices were discussed at these meetings.

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 regional director, who in turn reported to the chief executive officer. The person in charge and regional director held formal meetings on a regular basis and reviewed restrictive practices as part of these meetings.

At the time of inspection, the full complement of staff were not in place. There were 3.4 whole time equivalent staff vacancies. Recruitment for these positions was underway and it was reported that two identified staff members were in the final stages of recruitment. The vacancies were being covered by a small number of regular relief and agency staff. This provided some consistency of care but there remained the potential for a negative impact in terms of consistency of care and implementation of arrangements for restrictive practices.

All staff had received appropriate training specific to residents' need, which focused on reducing or eliminating restrictive practices. Training provided included management of violence and aggression, restrictive practices and positive behaviour

support. Suitable staff supervision arrangements were in place to ensure that the care staff provided used the least possible restrictive practices for the shortest duration, in accordance with best practice.

There were policies and procedures in place for restrictive practices which were in line with national policy and legislative requirements. The centre's statement of purpose had recently been reviewed and outlined the specific needs that could be met in the centre and the admission criteria. Staff resource and support requirements were determined for each resident based on an assessment of their needs. Each of the residents needs were assessed from a rights perspective as well as a safety perspective.

Records were accurately maintained of all restrictive practices in use. This meant that the provider could identify notable features or trends. This provided assurances that restrictive practices were being used in accordance with how they were prescribed and provided opportunities to reduce or remove restrictive practices where possible. There was a restrictive practices register in place with review sheet logs. This register includes information on the identified risk that necessitates the restrictive practice, a clear description of the restrictive practice and its duration, implications for other residents and a review timeframe. All restrictive practices were agreed and signed off by the individual and their families. All restrictive practices were reviewed with a team approach on a regular basis and at a minimum of a six monthly period.

All restrictive practices in use in the centre had been identified and appropriately assessed. These assessments considered the specific circumstance for their use, the appropriateness of the restriction being used, the identified risk and if a less restrictive measure was possible. There was evidence that advice would routinely be sought from the provider's behavioural analyst on alternative strategies and to ensure the least possible restriction was put in place. It was noted that in the preceding period a number of restrictions had been reduced or removed in the centre. For example, locks had been removed from a number of press doors in the kitchen of the main house.

A number of the residents presented with complex behaviours which could be difficult for staff to manage. Behaviour support plans were in place for residents identified to require same and these provided a good level of detail to guide staff in supporting the resident and aimed at reducing restrictive practices in place.

There were measures in place to protect the residents from being harmed or suffering from abuse. There had been no safeguarding incidents in the centre in the preceding period. The provider had a safeguarding policy in place and a staff member spoken with was aware of safeguarding procedures. The person in charge and staff were aware of the safeguarding risks inherent in using restrictive practices and made every effort to promote the least restrictive environment possible. It was considered that the restrictions in place did not unduly impact on residents' physical behavioural and psychological well being.

Overall Judgment

The following section describes the overall judgment made by the inspector in respect of how the service performed when assessed against the National Standards.

Substantially Compliant	Residents received a good, safe service but their quality of life would be enhanced by improvements in the management and reduction of restrictive practices.
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The National Standards

This inspection is based on the *National Standards for Residential Services for Children and Adults with Disabilities (2013)*. Only those National Standards which are relevant to restrictive practices are included under the respective theme. Under each theme there will be a description of what a good service looks like and what this means for the resident.

The standards are comprised of two dimensions: Capacity and capability; and Quality and safety.

There are four themes under each of the two dimensions. The **Capacity and Capability** dimension includes the following four themes:

- **Leadership, Governance and Management** — the arrangements put in place by a residential service for accountability, decision making, risk management as well as meeting its strategic, statutory and financial obligations.
- **Use of Resources** — using resources effectively and efficiently to deliver best achievable outcomes for adults and children for the money and resources used.
- **Responsive Workforce** — planning, recruiting, managing and organising staff with the necessary numbers, skills and competencies to respond to the needs of adults and children with disabilities in residential services.
- **Use of Information** — actively using information as a resource for planning, delivering, monitoring, managing and improving care.

The **Quality and Safety** dimension includes the following four themes:

- **Individualised Supports and Care** — how residential services place children and adults at the centre of what they do.
- **Effective Services** — how residential services deliver best outcomes and a good quality of life for children and adults , using best available evidence and information.
- **Safe Services** — how residential services protect children and adults and promote their welfare. Safe services also avoid, prevent and minimise harm and learn from things when they go wrong.
- **Health and Wellbeing** — how residential services identify and promote optimum health and development for children and adults.

List of National Standards used for this thematic inspection (standards that only apply to children's services are marked in italics):

Capacity and capability

Theme: Leadership, Governance and Management	
5.1	The residential service performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect each person and promote their welfare.
5.2	The residential service has effective leadership, governance and management arrangements in place and clear lines of accountability.
5.3	The residential service has a publicly available statement of purpose that accurately and clearly describes the services provided.

Theme: Use of Resources	
6.1	The use of available resources is planned and managed to provide person-centred, effective and safe services and supports to people living in the residential service.
6.1 (Child Services)	<i>The use of available resources is planned and managed to provide child-centred, effective and safe residential services and supports to children.</i>

Theme: Responsive Workforce	
7.2	Staff have the required competencies to manage and deliver person-centred, effective and safe services to people living in the residential service.
7.2 (Child Services)	<i>Staff have the required competencies to manage and deliver child-centred, effective and safe services to children.</i>
7.3	Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of people living in the residential service.
7.3 (Child Services)	<i>Staff are supported and supervised to carry out their duties to protect and promote the care and welfare of children.</i>
7.4	Training is provided to staff to improve outcomes for people living in the residential service.
7.4 (Child Services)	<i>Training is provided to staff to improve outcomes for children.</i>

Theme: Use of Information	
8.1	Information is used to plan and deliver person-centred/child-centred, safe and effective residential services and supports.

Quality and safety

Theme: Individualised supports and care	
1.1	The rights and diversity of each person/child are respected and promoted.
1.2	The privacy and dignity of each person/child are respected.
1.3	Each person exercises choice and control in their daily life in accordance with their preferences.
1.3 (Child Services)	<i>Each child exercises choice and experiences care and support in everyday life.</i>
1.4	Each person develops and maintains personal relationships and links with the community in accordance with their wishes.
1.4 (Child Services)	<i>Each child develops and maintains relationships and links with family and the community.</i>
1.5	Each person has access to information, provided in a format appropriate to their communication needs.
1.5 (Child Services)	<i>Each child has access to information, provided in an accessible format that takes account of their communication needs.</i>
1.6	Each person makes decisions and, has access to an advocate and consent is obtained in accordance with legislation and current best practice guidelines.
1.6 (Child Services)	<i>Each child participates in decision making, has access to an advocate, and consent is obtained in accordance with legislation and current best practice guidelines.</i>
1.7	Each person's/child's complaints and concerns are listened to and acted upon in a timely, supportive and effective manner.

Theme: Effective Services	
2.1	Each person has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life, in accordance with their wishes.
2.1 (Child Services)	<i>Each child has a personal plan which details their needs and outlines the supports required to maximise their personal development and quality of life.</i>
2.2	The residential service is homely and accessible and promotes the privacy, dignity and welfare of each person/child.

Theme: Safe Services	
3.1	Each person/child is protected from abuse and neglect and their safety and welfare is promoted.
3.2	Each person/child experiences care that supports positive behaviour and emotional wellbeing.
3.3	People living in the residential service are not subjected to a restrictive procedure unless there is evidence that it has been

	assessed as being required due to a serious risk to their safety and welfare.
3.3 (Child Services)	<i>Children are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare.</i>

Theme: Health and Wellbeing	
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4.3	The health and development of each person/child is promoted.
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