



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

Issued by the Chief Inspector

Name of designated centre:	Kettles Lane
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	30 August 2023
Centre ID:	OSV-0007914
Fieldwork ID:	MON-0031911

About the designated centre

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

Kettles Lane provides residential care for up to three residents, 18 years and older, with an intellectual disability or autism who also have associated mental illness. The centre is located in North Co. Dublin close to a variety of local amenities and public transport links. It comprises of a dormer style, four bed room bungalow which is set on its own grounds. It is surrounded by a large garden. The residents are supported on a 24 hours basis while in the centre, by a staff team comprising of a person in charge, three team leaders and support workers. Staffing rosters are regularly reviewed and amended to meet the needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 30 August 2023	12:00hrs to 17:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the two residents living in the centre received care and support which met their assessed needs. 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.

The centre comprised of a three bedroom detached house set on its own grounds. It was located in a quiet residential area, within walking distance of shops and other local amenities. The centre was originally registered in January 2021 as a residential centre for children under the age of 18 years. Subsequently, in December 2021, the provider was granted an application to vary its conditions of registration to become an adult only centre as the two young people admitted to the centre transitioned to being adults. This thereby facilitated them to continue living in the centre.

The centre was registered to accommodate up to three residents at any one time. At the time of this inspection, there were two residents living in the centre and consequently there was one vacancy but there were no plans to fill that vacancy.

The inspector met with one of the two residents on the day of inspection. This resident was unable to tell the inspector their views of the service but appeared in good form. This resident was observed returning from their day service, having lunch, listening to music and going out for a drive with staff. They also spent time in the garden with staff on their scooter. A scooter had also been purchased for staff use in the centre and a staff member was observed to equally enjoy using their allocated scooter along side the resident. The other resident was not present on the day of inspection. Both of the residents attended a formal day service programme which it was reported that they enjoyed.

There was an atmosphere of friendliness in the centre. Numerous photos of the residents and their family members were on display. Positive word affirmations were on display in the kitchen come dining room and in one of the sitting room. Examples of words displayed included, 'I am brave, kind, smart, important, creative, helpfull, loved and truthful'. Art work created by the residents was on also on display. This included boards in the kitchen made using recyclable items displaying various aspects of the residents life. For example, the residents' individuality, the residents' day service, community life and social activities. The cartoon character 'Mario' was an idol for one of the residents and various memorabilia and soft furnishing depicting the character were displayed in one of the sitting rooms which was primarily used by this resident. There was a musical key board and a tool desk in the centre which it was reported that one of the residents enjoyed using on occasions. One of the residents bedrooms had been decorated with a 'space' theme which was that residents choice. The other resident's bedroom had an under water aquatic theme.

Staff spoke fondly about both residents and how they promoted their rights. A number of the staff team had transitioned to the centre with one of the residents from their previous placement. Staff were observed to treat the resident present on the day of inspection with dignity and respect. For example, knocking before entering their bedroom and thanking them for their assistance when completing some tasks in the garden. All staff had attended training on residents' rights, which staff spoken with, reported they found helpful and to have supported them in promoting residents' rights. The residents had access to an advocacy service if they so wished. Accessible information on the residents' rights was available in the centre. A wall mural in the front hall displayed a tree depicting residents rights. There was evidence that some key working sessions had been completed with the residents regarding their rights. A self medication assessment had been completed for each of the residents but it was deemed that it wasn't suitable for the residents to administer their own medication at that time.

The resident and their representatives were consulted and communicated with, about decisions regarding the residents' care and the running of the house. It was evident that each of the resident's family members were active members of the resident's life and advocated for the individual resident. There were regular key working meetings and conversations with the residents in relation to their needs, preferences and choices regarding activities and meals. Both of the residents had completed, with the assistance of staff, an office of the Chief Inspector questionnaire in advance of this inspection. These indicated that the residents were happy with their life in the centre and the care and support that they received.

The centre was found to be comfortable, homely and overall in a good state of repair. However, it was noted that the carpet on the stairs, landing and staff room was worn in areas and the wall paint in the kitchen was worn in areas. The stained wood work in some areas appeared worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective. Both residents had their own bedroom and living room area which had been personalised to their own taste. This promoted the resident's independence and dignity, and recognised their individuality and personal preferences. A small library area had been created in an upstairs area with a collection of books. A well maintained, large garden surrounded the centre. There was a small patio area which included a table and seating for out door dining, two basket swings, a swing bench and a number of potted plants and flowers. Some sensory ornaments were on display on garden walls.

The residents was actively supported and encouraged to maintain connections with their family, friends and representatives. Both of the residents visited their respective family homes on a regular basis with the support of the staff team. This was reported to be a very important highlight of their week. The inspector did not have an opportunity to meet with the residents' representatives, but it was reported that they were happy with the care and support that their loved one was receiving.

The residents were supported to engage in meaningful activities in the centre. Both of the residents had a formal day service placement. Examples of activities that the residents engaged in included, jigsaws and board games, use of educational

material on their IPADs, walks to local scenic areas and the beach, swimming, use of scooter, drums, use of outdoor exercise equipment in local parks and play grounds, arts and crafts, baking, watering plants in the garden, listening to music and reading books with staff. The centre had a vehicle for use by the residents.

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 residents' needs.

The centre was managed by a suitably qualified and experienced person. She had taken up the position in May 2023. She held a degree in psychology, a masters in social studies and certificate in management. She had a good knowledge of the assessed needs and support requirements for each of the residents. She had more than four years management experience. She was in a full-time position, but was also responsible for one other centre. She was supported by three team leaders in this centre and in the other centre for which she held responsibility. 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 regional director of care. 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 regular monitoring visits which would cover areas such as finances, medications, complaints, staff rotas, incidents and near misses, personal plans and safeguarding arrangements. There was a quality enhancement plan in place which included issues identified through the various audits and proposed actions. Staff and separate management meetings had taken place 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. There were three whole time equivalent staff vacancies at the time of inspection. Recruitment was underway for these vacancies. A regular panel of relief and agency staff were being used to cover the vacancies. A number of the staff team had transitioned with one of the residents to the centre. This provided consistency of care for the residents. The actual and

planned duty rosters were found to be maintained to a satisfactory level. Recruitment was underway for the positions. The inspector noted that the resident's needs and preferences were well known to staff met with, and the person in charge.

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 resident. However, there were three whole time equivalent staff vacancies at the time of inspection. A further staff member was on long term leave. A regular panel of relief and agency staff were being used to cover these vacancies. This meant that there was some consistency of care for the residents and enabled relationships between the residents and staff to be maintained. Recruitment was underway for the positions.

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 the 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. Clear management structures and reporting arrangements were in place.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a recently reviewed statement of purpose in place. It was found to contain all of the information set out in schedule 1 of the regulations. A copy of the statement of purpose was available for residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

There were systems in place to record of all incidents occurring in the centre and, where required, for their notification to the Chief Inspector within the timelines required in the regulations.

Judgment: Compliant

Quality and safety

The residents living in the centre, received care and support which was of a good quality and person centred. However, some improvements were required for the maintenance of the premises.

The residents' well being and welfare was maintained by a good standard of evidence-based care and support. An 'everyday living' care 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. The personal plans had been reviewed in line with the requirements of the regulations.

There were appropriate arrangements in place to protect the resident from being harmed or suffering from abuse. There had been no allegations or suspicions of

abuse in the preceding period. The provider had a safeguarding policy in place and staff had received appropriate training. A positive behaviour support plan had been devised for each of residents by a behavioural specialist. A restrictive practices register was in place and subject to regular review. An intimate care plan was in place for each of the residents. This provided sufficient detail to guide staff in meeting the intimate care needs of each resident.

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. A risk register was maintained as a living document. 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 incidents. Suitable precautions were in place against the risk of fire.

There were suitable procedures in place for the prevention and control of infection. However, it was noted that there were a number of worn surfaces in the centre. This meant that these areas could be more difficult to effectively clean from an infection control perspective. 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. A cleaning schedule was in place which was overseen by the team leaders and 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 infection control had been provided for staff. Hand hygiene audits had been completed in the preceding period.

Regulation 17: Premises

The centre was found to be homely, suitably decorated and overall in a good state of repair. However, it was noted that the carpet on the stairs, landing and staff room was worn in areas and the wall paint in the kitchen was worn in areas. The stained wood work in some areas appeared worn. This meant that these areas could be more difficult to effectively clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file. A risk register

was maintained as a living document. There were arrangements in place for investigating and learning from incidents and adverse events involving the resident.

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. However, it was noted there were some worn surfaces in the centre as outlined under Regulation 17. This negatively impacted upon arrangements for the effective cleaning of these surfaces from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drills involving the residents had been undertaken and the centre was evacuated in a timely manner. The fire alarm system was serviced 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. The residents each had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' well being, protection and welfare was maintained by a good standard of evidence-based care and support. The personal plans had been reviewed in line with the requirements of the regulations. Measurable goals had been identified for each of the residents.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs appeared to be met by the care provided in the centre. The residents' families actively collaborated with the centre and attended medical appointments with the residents. The residents each had their own general practitioner. A healthy diet and lifestyle was being promoted. A communication passport was in place with pertinent information for any requirement for a transfer to hospital.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents appeared to be provided with appropriate emotional and behavioural support. A positive behaviour support plan had been devised for each of the residents by a behaviour specialist. A restrictive practice register was in place and subject to regular review.

Judgment: Compliant

Regulation 8: Protection

There were appropriate arrangements in place to protect the resident from being harmed or suffering from abuse. The provider had a safeguarding policy in place. An intimate care plan was in place for the resident which provided sufficient detail to guide staff in meeting the intimate care needs of the residents. There had been no allegations or suspicions of abuse in the preceding period.

Judgment: Compliant

Regulation 9: Residents' rights

The residents' rights were promoted in the centre. The residents had access to an advocacy service if they so required. There was evidence of consultations with the residents and their representative regarding their care and the running of the house. Accessible information on the residents' rights was available in the centre. A wall mural was on display in the front hall depicting a tree with residents rights displayed. There was evidence that some key working sessions had been completed with the residents regarding their rights. A self medication assessment had been completed for both residents but deemed that it wasn't suitable for the residents to administer their own medication at that time. Staff had completed rights training

across 4 modules which covered areas such as positive risk taking, putting residents at centre of decision making, role of good communication in upholding rights and human based approach to delivering care and support.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kettles Lane OSV-0007914

Inspection ID: MON-0031911

Date of inspection: 30/08/2023

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: The registered provider will ensure that there is active recruitment of staff to provide consistency of care and support required to residents. The registered provider can confirm that a recruitment drive is ongoing and interviews are scheduled and facilitated in a prompt manner.</p> <p>The Person in Charge will recruit 3 WTE vacancies and a relief panel of staff. In the interim agency staff utilized are suitably experienced, qualified and consistent. Date: 11/03/2024</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider will ensure required works to some worn surfaces in the centre as outlined under regulation 17 are completed to meet infection control standards and that all areas can be appropriately cleaned.</p> <p>This will include new carpet re-fit on the stairs, landing and staff room as well as painting the kitchen which was worn in areas. Any areas of stained wood work will be repaired/replaced as required. Date: 15/12/2023</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: As above The Registered Provider will ensure required works to some worn surfaces in the centre as outlined under regulation 17 are completed to meet infection control standards and that all areas can be appropriately cleaned. This will include new carpet re-fit on the stairs, landing and staff room as well as painting the kitchen which was worn in areas. Stained wood work in areas also appeared worn which will be repaired/replaced. Date: 15/12/2023</p>	

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	11/03/2024
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	15/12/2023
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	15/12/2023

	ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
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