



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

## Issued by the Chief Inspector

Name of designated centre:	Crobally House
Name of provider:	Praxis Care
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	23 June 2021
Centre ID:	OSV-0002120
Fieldwork ID:	MON-0032468

## About the designated centre

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

Crobally House is situated in a rural setting, on six acres of land. The centre comprises of two separate buildings, a bungalow and a two storey house. There is capacity to provide a residential service to three adults on a full time or shared care basis in the bungalow. An overnight respite service is provided to over 24 adults. At any one time, a maximum of four residents may access the respite service provided in the two storey house. Both services in the centre are provided to adults with an autism diagnosis. Staff are available to residents 24 hours a day.

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

Number of residents on the date of inspection:	4
--	---

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 23 June 2021	10:00hrs to 15:00hrs	Lisa Redmond	Lead
Wednesday 23 June 2021	10:00hrs to 15:00hrs	Lucia Power	Support

## What residents told us and what inspectors observed

This inspection of the designated centre took place three months after the registered provider, Praxis Care, had taken over as the registered provider for this designated centre. From what inspectors observed, discussions with staff members and review of documentation, it was clear that residents received a good quality of service. It was identified that residents had been supported throughout the transition of the management of the designated centre with the new registered provider.

The designated centre had two buildings. One building was home to two residents. One resident lived here on a full-time basis, while the second resident lived here on a shared-care basis, three nights each week. The second building was a respite service which provided overnight breaks to a maximum of four residents each night. Due to the COVID-19 pandemic, the respite service was being provided at a reduced number of two residents each night. A total of 25 residents accessed the respite service provided in the designated centre.

On the day of the inspection, the inspectors met with one resident. Three residents were due to return to the designated centre on the evening of the inspection, however the inspectors did not have an opportunity to meet these residents. Both inspectors completed a walk-around in the two buildings which were part of the designated centre.

The inspector met with one resident in their home. The resident was a non-verbal communicator and used gestures, vocalisations and facial expressions to communicate their needs and wishes. The inspector said hello to the resident, and observed them for some time in their home. The resident smiled at the inspector as they chatted to them.

At the time of the inspector's visit, the resident was just finished having their breakfast. The resident was dressed in trendy and comfortable clothing, and had bright red nail varnish painted on their nails. The resident was being supported by two staff members. Staff members told the inspector about the resident's routine, and the plan for the resident that day. It was planned that the resident would be going for a drive after having their cup of tea. Staff members were observed putting a self-serving flask in the kitchen area. The resident was observed to use this to independently get a hot cup of tea.

When the resident gestured that staff were to leave the area, staff members respected this decision. In doing so, staff members promoted the resident's right to privacy. It was noted that staff members remained in a location nearby so that they could provide supports when the resident needed them. After some time, the resident gestured that it was time for the inspector to leave. This choice was respected and the inspector said goodbye to the resident.

The inspectors spoke with a number of staff members on duty on the day of the inspection. Staff members spoken with during the inspection were knowledgeable about residents and their individual needs. On review of documentation relating to residents, it was noted that these were written in a respectful manner. For example, one resident's plan identified that they liked information to be given to them through song, and highlighted that staff should support the resident to complete activities by singing songs associated with the activity.

Staff members spoken with were aware of the new reporting structures in the designated centre, since the service was operated with Praxis Care as the registered provider. This included who staff could report any safeguarding concerns to, and the structure for supporting residents to make a complaint.

One staff member discussed the provision of respite services in the designated centre. Compatibility of residents was noted as a key aspect of respite provision, with lots of activities being provided to residents during their respite break. This included walks, visits to local beaches and cinema trips. Staff were looking forward to being able to provide residents with the opportunity to go to restaurants when COVID-19 restrictions allowed. There was evidence of regular consultation with residents using the respite service to plan the activities they would like to complete on their respite break. This was also used as an opportunity to discuss the complaints procedure, keeping safe and meal choices. It was also noted that when residents declined to go to this meeting that this choice was respected.

The premises of the designated centre was clean, warm and homely in nature. Personal items including artwork completed by residents were on display in communal areas. The respite building had a sensory room that residents enjoyed using as a relaxation area. The room was decorated with soft furnishings, fibre optic lights and a bubble tube. There was also a projector and a sound system so that residents could enjoy movie nights, or relaxing visuals could be projected onto the wall. Inspectors were advised that the kitchen in the respite building required updating and that some areas required painting. A meeting had been scheduled to complete a review of upgrade and works to be completed and to discuss the plan and budget for these works. It was also noted that some respite bedrooms had furniture that was out-dated.

There was evidence that supports provided to residents were person-centred and respectful in nature. It was also noted that there were plans for further improvements to be made to the provision of service to residents. The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

This inspection of the designated centre took place three months after the

registered provider, Praxis Care, had taken over as the registered provider for this designated centre. It was evident that actions had been taken to ensure a smooth transition into the management systems and structures of Praxis Care, to ensure continuity of care for residents who attended respite, and those who called Crobally their home.

A clear governance structure had been put in place in the designated centre. A person in charge had been appointed. This person held the necessary skills and qualifications to fulfil the role. At the time of the inspection, the registered provider was actively recruiting an additional manager. In time, this would decrease the current person in charge's remit from two designated centres to one designated centre.

Residents were supported by a consistent team of support workers, team leaders and a social care leader. Staff members reported directly to the person in charge of the designated centre. The person in charge reported directly to their line manager who was the head of operations for the Cork region. This person was also assigned as a person participating in management of the designated centre. A regional director visited the centre on a weekly basis, while the registered provider representative visited the centre on a monthly basis.

A system of auditing and monitoring service provision had been put in place to ensure effective oversight. This included audits to ensure compliance with the regulations and registered provider's policies. An action plan was developed from these audits, with all actions prioritised on a risk basis. The person participating in management completed spot checks to ensure actions were completed as outlined.

Records indicated that staff members had received mandatory training in areas including safeguarding of vulnerable adults, infection control and fire safety. Where staff members were awaiting refresher training, these were scheduled to occur shortly after the inspection. Inspectors reviewed staff files and noted that they did not contain all of the information and documents specified in Schedule 2 of the regulations.

The regulations also require residents to have a contract for the provision of services. These contracts are important as they set out the support, care and welfare that residents are to receive while living in a designated centre, or receiving respite services there. Inspectors reviewed a sample of such contracts and noted they contained the required information. Contracts must be agreed with residents or their representatives and it was noted that not all the contracts were indicated as being agreed although the provider was making efforts in this regard.

## Regulation 14: Persons in charge

The person in charge had the necessary skills and qualifications to fulfil the role.

Judgment: Compliant

### Regulation 15: Staffing

The number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of residents. However, the person in charge had not obtained all of the information and documents specified in Schedule 2 of the regulations for all staff.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The registered provider had ensured that staff members had received appropriate mandatory training to support them in their roles. This included fire safety, the safeguarding of vulnerable adults and infection prevention and control.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

It was evident that there were management systems in place to ensure that the service provided to residents was safe and effectively monitored.

Judgment: Compliant

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

Each resident had a contract outlining the support, care and welfare that residents are to receive while living in a designated centre, along with the fees to be charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose that contained the information set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the chief inspector was given notice in writing of adverse events according in the designated centre as specified in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured that an effective complaints procedure was available to residents. The complaints procedure included a process for appeals.

Judgment: Compliant

## Quality and safety

Residents were provided with a good quality service in the designated centre, where they received person-centred care that promoted their wellbeing. It was evident that residents had received continuity of care during the transition to a new registered provider.

Residents were subject to a comprehensive assessment of their health, personal and social care needs. Where a specific need was identified, a plan of care was put in place. It was noted that plans had not been developed with the input of residents or

their representatives. Ensuring residents are actively involved in the development of personal plans is important so that goals which are meaningful and important to residents can be identified and acted upon. However, the person in charge outlined plans for this to happen after this inspection.

There were measures in place to ensure risks were managed effectively in the designated centre. For example, residents' individual risk assessments identified present and past risks. Where an area of risk was identified, there was evidence of control measures in place to minimise the risk impact. There was a process whereby high level risks were escalated to the regional manager to ensure oversight of these risk issues.

One resident's risk assessment noted that there was a risk of an environmental restriction due to a measure put in place to support another resident. The risk assessment identified that a restrictive practice document was located in the resident's plan of care. The restrictive practice document included information including the alternative measures considered before the restrictive practice was put in place, ensuring that it was the least restrictive measure. All restrictive practices were reviewed and sanctioned by the restrictive practices committee. When required, residents had a plan of care to support the management of behaviours that may challenge.

A number of measures had been put in place to protect residents from health care associated infections, including COVID-19. Staff members were observed wearing personal protective equipment (PPE) throughout the inspection. Staff members were also provided with up-to-date guidance on the management of COVID-19. There was also a business continuity plan in place, in the event of an outbreak of COVID-19.

## Regulation 17: Premises

Inspectors were advised that the kitchen in the respite building required updating and that some areas required painting. A meeting had been scheduled to complete a review of upgrade and works to be completed and to discuss the plan and budget for these works. It was also noted that some respite bedrooms had furniture that was out-dated.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The registered provider had ensured that a guide in respect of the designated centre was available to residents. This guide included the information specified in the

regulations.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
There were systems in place for the assessment, management and ongoing review of risk.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
Residents were protected from health care associated infections, including COVID-19 as procedures had been adopted by the registered provider. Staff members were observed wearing personal protective equipment throughout the inspection.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>
A comprehensive assessment of the health, personal and social care needs of each resident had been completed. It was found that such plans had not been developed with the input of residents nor their families, however the person in charge outlined plans for this to happen following this inspection.
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
Appropriate healthcare was provided to each resident in line with their personal plan and assessed needs.
Judgment: Compliant

## Regulation 7: Positive behavioural support

The person in charge had ensured that residents were supported to manage behaviour that is challenging. Plans to support residents were being developed by a newly recruited specialist in the area of behaviour support.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider had ensured that residents had the freedom to exercise choice and control in their daily life. Supports were observed to be provided to residents in a respectful and person centred manner.

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>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Crobally House OSV-0002120

Inspection ID: MON-0032468

Date of inspection: 23/06/2021

## 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
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• The PIC will ensure that all required information and documents as specified in Schedule 2 of the regulations is in place for all staff. By 6/08/2021</li> </ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• The PIC met with Maintenance Manager to review required works to premises and a schedule of work has been agreed.</li> <li>• The PIC will ensure that new furniture as required in bedrooms is purchased. By 17/09/2021</li> <li>• The upgrade works to Kitchen and other areas which require significant works to walls and painting will be completed. By 26/11/2021</li> <li>• The Provider has ensured a Cyclical Maintenance schedule has been developed which the PIC will oversee with Maintenance Manager so that all routine works are conducted regularly to keep the premises up to required standards. By: 30/08/2021</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The PIC has arranged a schedule of review meetings for all residents, their families and relevant stakeholders, to ensure there is active involvement in the development of individual plans and goals are meaningful to the person. By: 24/09/2021

## 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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	06/08/2021
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	26/11/2021
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred	Substantially Compliant	Yellow	24/09/2021

	approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
--	---	--	--	--