



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

Issued by the Chief Inspector

Name of designated centre:	Crobally / The Barn
Name of provider:	Praxis Care
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	18 September 2023
Centre ID:	OSV-0002120
Fieldwork ID:	MON-0032253

About the designated centre

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

Crobally/The Barn is a designated centre which is located in a rural setting, on six acres of land in Co.Cork. The centre comprises of two separate residential 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. An overnight respite service is provided to over 24 adults for up to three adults at a time. Both services in the centre are provided to adults with an autism diagnosis. Staff are available to residents 24 hours a day with oversight from the appointed person in charge. Each resident is supported in a private bedroom area with ample communal spaces present including a large sensory/soft play room, living rooms and dining rooms. Residents availing of respite stay can chose which room they have for the duration of their stay. Ample storage is available for personal belongings with additional space available in linen rooms if required. Residents are supported by a dedicated staff team using a social model of care by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 18 September 2023	09:30hrs to 17:30hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

The inspector met with three of the residents during the inspection. They were introduced at times during the day that fitted in with their individual routines. This was an announced inspection, completed to monitor the provider's compliance with the Regulations and to inform the decision in relation to renewing the registration of the designated centre. The residents, family and /or representatives and staff team were informed in advance of the planned inspection.

One resident was leaving the designated centre with a staff member as the inspector arrived. The staff member introduced the resident to the inspector and explained the planned activity and morning schedule that the resident liked to complete. This included recycling activities and spending time in a sensory room in another location away from the designated centre. Staff also informed the inspector that the resident used this location to meet with their family members regularly. The inspector was able to meet this resident and observe them interact with staff members at different times during the inspection. The resident was supported to have their lunch on their return and spent some time outside on a patio area in the afternoon. Staff explained that the resident was waiting for the expected arrival of another peer. Staff were observed to provide ongoing support and consistent information to the resident during this time, as the other resident had been delayed.

The inspector was invited to meet with another resident once they had completed their morning routine. Staff supporting the resident explained that if too many people were present this could cause anxiety for the resident. The two staff supporting the resident introduced the inspector before removing themselves out of the room to a nearby location in the building. This enabled the person in charge and inspector to spend some time with the resident in the sun room of their home. The resident communicated without words and was observed to be supported effectively by the staff team. A picture schedule was effectively being used to ensure staff were able to communicate with the resident. The inspector observed the resident assist with laundry activities and enjoyed a hot drink which they poured out themselves with staff providing minimal support. There were photographs on display of the resident smiling as they participated in numerous activities such as horticulture, walking on beaches and in other outdoor spaces. Staff were observed to include the resident in the conversation as they outlined the preferred activities and regular routine of the resident to the inspector. In addition, staff supporting the resident were able to anticipate when the resident was ready to move onto their planned activity, a spin and this was facilitated immediately.

The third resident who was attending for a planned short break arrived in the late afternoon to the designated centre. The inspector observed staff supporting the resident to encourage them to remove their personal belongings from the transport vehicle. The resident was seen to smile broadly at a familiar staff member who warmly welcomed them at the entrance to the house. The inspector was introduced to the resident at the end of the inspection as they relaxed in the sensory room.

While the resident acknowledged the inspector they clearly informed staff that they did not wish to engage any further at that time and this was respected.

At the time of this inspection, one resident was in receipt of shared care in the designated centre. They were at home with family on the day of the inspection. The inspector was informed the resident usually spent three nights each week in the designated centre. They had their own personalised bedroom, which contained a new bed and other furniture including a smart television on which they could access the internet.

The inspector reviewed five questionnaires, which had been completed by the residents themselves, by family or representatives in advance of the inspection. Overall, positive comments were contained within the documents. These included the location of the designated centre in rural surroundings which provided a safe environment. There was ample space for residents to engage in numerous activities such as gardening and horticulture. The staff team were reported to be very supportive and ensured residents were happy. Residents were also supported to regularly participate in community and social activities such as going to the cinema.

All staff had completed training in Human rights and evidence of residents being involved in decisions relating to their care and services was evident. Staff were able to provide the inspector with examples of the impact of this training. For example, planned schedules were flexible and changed to suit the assessed needs of residents around meal times. In addition, one resident was being supported to learn and complete activities through song which was their preferred method of engaging with staff. It was evident that a rights-based approach was taken to supporting residents in this centre. These included respecting residents' rights to individuality, choice, respect, capability, relationship, community inclusion, personal expression, safety, well-being and voice. The inspector noted a number of examples of good practice in both respecting and upholding residents' rights in the centre throughout the day. For example, the use of easy-to-read or personalised information, the use of multiple resources in supporting learning, the awareness of the importance of privacy and how consent was obtained for activities and meaningful access to the community.

The designated centre was found to be warm and decorated in a manner to reflect the personal choices of those in receipt of residential services. For example, one bedroom had minimal furniture but the walls were decorated with pictures reflecting the known interests of the resident. This was in-line with the preferences expressed by the resident themselves. Another room contained many personal items including games, which the resident had an interest in. During the walk about of the designated centre, the inspector noted a number of planned upgrade works had been completed since the previous Health Information and Quality Authority (HIQA) inspection. These included repair works to an external conservatory wall and upgrade of kitchen units and equipment in one of the houses. Additional upgrade works to bathrooms were also planned to be completed in the months following this inspection. However, a number of issues pertaining to damaged surfaces on furniture, and the storage of items on the floor were identified in areas such as the staff office and medication press. This will be further discussed in the quality and

safety section of this report.

The inspector was aware that the provider's ability to sustain the respite services being provided in this designated centre had been curtailed since October 2022. The provider was supporting one resident who had previously been in receipt of respite services with a full time residential service in this designated centre. This arrangement remained in place at the time of this inspection. The inspector was informed that there were advanced plans being discussed with the Health Services executive (HSE) to provide a long term residential placement for this resident. The inspector was informed that this placement had reduced the provider's ability to offer overnight respite breaks to five residents who had previously been in receipt of short breaks in the designated centre. The inspector was informed some of these residents were being supported to attend other day services until the situation was resolved. Other residents were prioritised in-line with their assessed needs following review by the staff and management. Respite breaks were being provided to individuals once sufficient staffing resources were available. The inspector was informed that usually two residents were supported to attend respite breaks at a time. This was assessed on a case -by-case basis with consideration given to the assessed needs and compatibility of those attending for respite with the resident awaiting placement in a permanent residential service. This was to ensure a positive experience for all residents while availing of services in the designated centre. The provider previously provided a maximum of four residents respite breaks at a time.

A number of complaints had been received from family representatives of residents who were unable to attend respite breaks as frequently since October 2022. The provider had communicated with the HSE regarding this adverse impact and while the issue was not resolved, alternative arrangements were put in place which were documented to be satisfactory to the complainants. One resident has also been supported with the input of an external advocate to seek a resolution to their complaint regarding the reduction in their respite service being provided.

In summary, residents in receipt of full time and shared care residential services were being supported by a core group of consistent staff. Individual person centred care was being consistently provided. The provision of respite services remained curtailed at the time of this inspection. However, the provider had ensured alternative arrangements were provided to a number of residents, including one resident availing of short break in another location with familiar staff to support their assessed needs. The inspector reviewed a large volume of documentation during the inspection which was made readily available by the person in charge and the staff team. There was evidence of oversight and protocols in place for the recording of information as required by the provider. However, there were a number of omissions, incomplete recording and inconsistent information noted by the inspector. This included some medication records, where information regarding known allergies for one resident was not always clearly documented or consistently accurate. Not all restrictive practices documented on the designated centre's restrictive practice log had been reported as required by the regulations to the Chief Inspector. Not all fire safety equipment was accessible on the day of the inspection. A fire extinguisher was observed to be located behind laundry equipment in a utility

room. This issue was addressed immediately by the person in charge.

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

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

There were systems to ensure that staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. Residents in this centre were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required.

While there were a low number of peer -to -peer incidents reported for this designated centre, three of these were reported retrospectively to the Chief Inspector. The inspector acknowledges that the person in charge submitted the notifications following a full review of the incidents being reported with all parties involved. The delays encountered included residents having completed their short break stay or staff not being on duty. However, staff reported that residents' displayed behaviours that could have indicated they were afraid of a peer. This was discussed during the inspection with the person in charge. Actions had been taken immediately by the staff on duty to ensure the safety of all residents and specific supports put in place to reduce the risk of similar incidents occurring, which included creating an additional space upstairs where residents could relax and watch television without impacting other peers.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements. However, the floor plans were required to be updated and re-submitted following the inspection to ensure they accurately reflected the actual layout of each room in the designated centre as per Schedule 1 of the regulations.

A number of rooms on the floor plans indicated an exit door to the external garden space. These were found not to be present at the time of this inspection. The door leading to the medication storage press under the stairs was not identified on the floor plans. A partition wall in a utility room was also not reflected on the floor plans submitted by the provider.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre.

The person in charge was supported by a social care leader and three team leaders. The inspector met with the social care leader and one of the team leaders during the inspection. Both were aware of their roles and responsibilities and were familiar with the assessed needs of the residents. Duties were delegated and shared including the staff rota, audits, supervision of staff, review of personal plans and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured there was a consistent staff team in place to deliver person-centred, effective and safe care and support to residents. The inspector found that there were systems in place to ensure sufficient numbers of staff present with the necessary experience, to meet the needs of the residents who were in receipt of services. The provider had introduced an electronic system to assist with the ongoing management of the staffing requirements in the designated centre. This facilitated the identification and timely management of sourcing staff to fill gaps when required, such as to cover planned leave or training. There were also systems

in place to ensure adequate staffing levels were maintained if there was unplanned leave of staff, with regular relief staff available who were familiar with the assessed needs of the residents.

Following a review of actual and planned rotas, it was evident the staffing levels were maintained to support the assessed needs of the residents in the designated centre. The social care leader ensured the skill mix on all shifts met the assessed needs of the residents in receipt of services at all times. For example, numbers of residents present in the designated centre had varied from one resident to four residents in recent months. There was ongoing recruitment of staff with a core staff team and regular relief staff in place. There were no staff vacancies at the time of this inspection, three staff had recently taken up relief staff posts to ensure staffing levels were being maintained in-line with the assessed needs of the residents and the statement of purpose.

The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences. The inspector found and observed that the residents enjoyed good continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults or in the management of medicines. Training had also been provided or was scheduled for the three new staff recruited by the provider. The provider ensured there was a scheduled and planned training matrix for 2023. This was frequently updated to reflect the status of training requirements for the staff team.

The provider had ensured that staff had access to training that was identified as important for this centre and in-line with residents' assessed needs including safety intervention training and positive behaviour support awareness. In addition, the inspector was informed that all staff were required to attend in-person safeguarding training which the provider had begun in July 2023. All staff had also been required to complete on-line training relating to assisted decision making by June 2023.

The supervision of staff was scheduled for 2023. This had been completed by the person in charge and senior staff in the designated centre. The most recent supervisions had been completed in July 2023, in-line with the provider's procedures.

Staff had completed training on a human rights-based approach to health and social care with examples provided as to how staff used this training. Further detail of these examples have been included in the 'What residents told us and what

inspectors observed' section of the report
Judgment: Compliant
Regulation 19: Directory of residents
The registered provider had ensured a directory of residents was maintained and contained all the information specified in Schedule 3: Information for residents.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had ensured that the designated centre was adequately insured.
Judgment: Compliant
Regulation 23: Governance and management
<p>The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge who had the support of a social care leader and three team leads. The person in charge was also supported in their role by a senior manager. The provider had ensured the designated centre was resourced to provide effective delivery of care and support in accordance with the statement of purpose.</p> <p>Six monthly unannounced visits had taken place in line with regulatory requirements and where actions were identified, they were tracked to ensure they were progressed in a timely manner. However, in the January 2023 six-monthly audit, the auditors had identified that the conditions of registration were not included in the statement of purpose. This was found to have not been addressed in the current statement of purpose submitted by the provider as part of the renewal of registration process. This will be actioned under regulation 3: Statement of purpose</p> <p>The provider had carried out an annual review of the quality and safety of resident care in the centre. These reviews also included detail on improvements made since the centre commenced operating in March 2021. However, the format used by the provider required further review to ensure details such as the persons who completed the audit and the date it was completed were documented. In addition,</p>

while there was information provided regarding consultation with residents and their families, this was found to be limited. In particular regarding those in receipt of short breaks. This was discussed during the feedback meeting at the end of the inspection.

There were a number of monitoring systems in place within the centre such as internal health and safety audits, financial reviews and personal plan audits. Actions were recorded and tracked for each of these and reviewed regularly to ensure relevant tasks were completed. In addition, team leaders delegated duties such as daily checks and health and safety checks to staff on duty at the beginning of each shift to ensure ongoing review.

Team meetings with staff took place in line with the provider's policy. The minutes of these meetings demonstrated that there was a standing agenda in place which included items such as personal plans, fire, infection prevention and control, safeguarding and training. There was evidence of residents' needs being central to meetings and residents' rights formed part of the team discussion.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

All residents had a contract of care in place which was signed and contained details of the service to be provided and clearly stated any charges that may be applied. These were subject to review annually.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre. However, it did not contain all the information required under Schedule 1 of the regulations. The conditions of registration were not included in the document. This had been identified by the provider's internal review of the document in January 2023, but had not been addressed in the current version provided for review at the time of this inspection. Some minor changes were also completed by the person in charge during the inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that the Chief Inspector of Social Services had been informed in writing of all adverse events and quarterly notifications as required by the regulations.

The inspector acknowledges that three peer -to -peer notifications were submitted retrospectively during June and July 2023 following review by the person in charge. The inspector was informed the delay was due to the requirement to review if the reported incidents had adversely impacted the residents involved. For example, one resident was spoken to on their return to the designated centre for a short break in July 2023 following an incident that was reported to have occurred on 23 June 2023. However, staff on duty at the time of the incident reported that the resident ran behind a staff member and "hid behind their back" during an incident where a peer was displaying behaviours of concern.

In addition, not all restrictive practices that were documented on the restrictive practice log for the designated centre had been submitted in the quarterly notifications. These included restrictions that were in place for some residents relating to their fluid intake, access to toiletries and personal clothing being stored in a location other than their bedroom to support the resident's assessed needs.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were no open complaints at the time of this inspection. Residents, their representatives and staff were aware of the provider complaint's policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

Complaints were found to have been reviewed and acknowledged in a timely manner to the satisfaction of the complainant. While the issue regarding the return of respite services to full capacity still remained unresolved, the provider was actively engaging with other parties to secure a return of these services at the time of this inspection.

The staff team had also received a number of compliments which included positive reflections on the provision of safe, caring and effective services to the residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had ensured that they had developed all Schedule 5 policies as required and these were implemented and made available to staff. They were found to have been reviewed as required and reflected where appropriate best practice and National guidance.

In addition, the provider had achieved accreditation following an audit completed by the Health and Safety Authority (HSA) in May 2023 which included of the provider's policies.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

The provider and person in charge supported and encouraged residents' opportunities to engage in activities in their home or in the local community. From meeting with residents, speaking with staff, and from a review of a sample of residents' assessments and daily records, the inspector found that residents had regular opportunities to engage in meaningful activities both inside and outside of the centre. They were attending activities, day services, using local services, and taking part in local groups. In addition, residents were encouraged to participate in household chores which included laundry, recycling and cleaning activities.

All residents had personal care plans that were reflective of each individuals assessed needs and the supports they required. All were subject to regular review. Residents were provided with easy-to-read versions of their personal plans. Some plans contained photographs of the resident during the year engaging in different activities both within the designated centre and in the community. Residents were also supported by a key worker who was a familiar member of staff. The person in charge ensured there was an effective system in place for all plans to be reviewed as required but no less frequently than annually. Residents were supported to identify personal goals that were reflective of their interests. Keyworkers completed monthly wish lists with residents which were updated and reflective of progression being made or being completed. For example, residents were supported to engage in swimming activities in the community, attend the cinema when autism friendly viewings were being organised and to increase social interactions within the

community such as attending cafes and hairdressers.

The provider and person in charge had ensured all staff had attended training in medication management. However, enhanced oversight was required to ensure the consistent safe prescribing and administration of all medications in the designated centre. For example, one resident was prescribed emergency medication in the event of them experiencing a seizure. However, the prescription did not contain all of the required details including the interval between doses and the maximum amount of the prescribed medication to be given over a 24 hour period. Another resident had a known allergy to a medication which was not consistently documented. The resident's hospital passport contained the required information regarding the allergy. However, the personal information stated the resident had "no known allergies". In addition, their current medication chart did not state they had any allergy, this section was blank at the time of the inspection.

Regulation 10: Communication

Residents in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes. Throughout documentation related to residents, there was an emphasis on how best to support residents to understand information and on consent. Residents had communication support plans in place in addition to personal communication dictionaries and hospital passports. Every effort had been made to ensure that residents could receive information in a way that they could understand, such as using songs when communicating with one resident. Staff demonstrated they were aware of communication supports residents in the designated centre during the inspection required and were noted to be responsive and kind. For example, staff were aware that one resident did not respond well to being offered choice or objects of reference. A number of alternative systems had been previously trialled. During the inspection, staff were observed to effectively communicate with the resident. They were observed to understand and anticipate what the resident was seeking to do such as go out for a spin on the transport vehicle. The resident was observed to be relaxed when their wishes were being supported by staff.

Residents were supported to maintain relationships with family and friends. One resident visited family at weekends, another spent time with family members as part of their shared care arrangement and one resident was meeting family representatives frequently both in the designated centre and in another location which the resident liked to visit. There was evidence of symbol supported daily schedules and symbol supported information to guide understanding of daily routines and for participating in frequently repeated activities. Staff were provided with guidance on interacting with residents with advice on how to support residents with complex communication strengths and needs.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes in their apartments or in the community.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had a clear policy and processes in place to guide staff when supporting residents with their personal possessions. Within this centre there were residents who required different levels of support and guidance in managing their possessions including finance management.

The inspector was informed of individual arrangements that were in place for residents regarding their finances and the progress being made to support residents. For example, one resident had their own banking card and another was being actively supported by family members to obtain a banking card of their own at the time of this inspection.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in a range of meaningful activities both within the designated centre and in the community. Daily routines were flexible to support residents in line with their assessed and changing needs.

Judgment: Compliant

Regulation 17: Premises

Overall the premises provided was seen to be clean, homely and well furnished. It was designed and laid out to meet the assessed needs of those availing of residential services and short breaks which included ample sized communal rooms such as a conservatory and sitting room. The provider had also ensured an

additional communal space was made available to residents on the first floor of one of the buildings where residents could watch their preferred programmes, if they wished.

The provider had completed a number of upgrade works which included new kitchen presses and bathrooms being refurbished. There were also plans to complete further upgrade works as per actions identified in audits completed by the provider in the designated centre. However, there was evidence of general wear and tear on some furniture which included damaged surfaces on a couch in a living room and on a table top in a dining room. The inspector acknowledges that the staff team had placed tape over the damage on the table which had only recently occurred prior to the inspection.

While there was ample and varied storage available for resident's personal belongings, the storage of items on a number of floor spaces such as documentation, individual medication transport boxes and staff bed linen required further review. These included the staff office in both of the houses, the staff bedroom and the medication press in one of the houses.

The person in charge explained during the walk about of the premises that an external contractor had been completing planned works in the days prior to the inspection which included work on a hot water tank. The inspector observed electrical wires which appeared connected to the hot water tank on one end but there were exposed wires evident on the distal end. This was followed up immediately by the person in charge with the contractor to establish the reason for this. The inspector was informed that the wires would be removed by a person competent in electrical work as they were no longer required.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Staff were familiar with the special dietary requirements and assistance required by each of the residents. Food preferences were known and documented by the staff team. For example, one resident preferred a crunchy sensory diet. There was clear guidance for staff regarding the possible food options to ensure variety for the resident.

Residents were supported to have their meals at times that suited each individual during the day.

There was evidence of safe food storage practices begin adhered to both kitchens.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format. Some minor changes were made at the time of the inspection

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. Risks were subject to regular review.

However, an identified risk regarding medication allergies listed a control as being clear identification on medication documentation. This was not found to be consistently adhered to at the time of this inspection. This will be actioned under Regulation 29: Medicines and pharmaceutical services

Judgment: Compliant

Regulation 27: Protection against infection

Residents and staff were for the most part protected by the infection prevention and control policy, procedures and practices in the centre. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection and COVID-19. All staff had completed a number of infection prevention and control related trainings.

The physical environment in the centre was for the most part clean and there were cleaning schedules in place to ensure that each area of the houses was regularly cleaned. Staff members had delegated responsibility in this area and it was clear from observation of staff practice over the day that they took these responsibilities seriously.

However, the cleaning of some areas required further review. This included hand sanitisers. The inspector observed hand gel with dark stained matter being dispensed in one such dispenser when they went to sanitise their hands during the inspection. The cleaning of kitchen cooker extractor fans required further review as there was evidence of build -up of cooking materials on these during the inspection. In addition, while the person in charge had flushing protocols in place to reduce the

risk of Legionnaire's disease these were not consistently documented as being completed by staff. For example, one water outlet had a flush completed on 10 July 2023 with the next not been documented as being completed until 15 August 2023.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. All residents had personal emergency evacuation plans (PEEPS) which were subject to regular review. All staff had attended fire safety training. Staff were aware of the fire evacuation plan and individual supports required by residents to assist them to safely evacuate if required. Regular fire drills had taken place including a minimal staffing drill. Learning from these drills was shared with the staff team which included actions taken to support a resident who had a delayed response to a fire drill that had taken place on 26 August 2023. During the inspector's review of the fire drill details, it was unclear which exits had been used. This was discussed during the feedback meeting at the end of the inspection. In addition, the inclusion of a scenario, identifying a location that a fire may occur would assist staff to consider the use of the nearest exit away from the source of a potential fire.

The provider had protocols in place for fire safety checks to be completed regularly which included daily, weekly and monthly checks. There was evidence of timely actions being completed when an issue was identified during these checks. For example, a damaged seal on one of the fire doors was identified on 9 May 2023 and replaced on the same day. However, not all checks were consistently documented as being completed; no monthly fire door checks were completed in March 2023.

All fire exits were observed to be unobstructed during the inspection. However, not all fire equipment was found to be easily accessible. One fire extinguisher in a laundry room had portable laundry equipment placed in front of it, obstructing it from view and obstructing ease of access to the extinguisher if it was required to be used in an emergency. The inspector acknowledges this obstruction was removed by the person in charge immediately.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Staff had all been supported to attend training in medication management. Protocols were in place for the safe handover of medications to and from family members.

However, enhanced oversight of medication management was required to ensure

consistent and safe prescribing and administration of all medications in the designated centre. This included the prescribing of medications required as needed (PRN).

In addition, the consistent documentation of known allergies and the allergy status of all residents was required to ensure all staff were aware of this information, in particular when administering medications.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. The provider ensured there was input from the multi-disciplinary team, (MDT) as required. Each resident had a key worker who supported them to access their personal plan in an accessible format.

Residents were supported with independence in life skills in conjunction with input from family representatives to ensure consistency in supports being provided to assist residents to attain personal goals. In addition, residents in receipt of residential services had monthly reviews of their goals which were updated and progressed. Some residents had an increased focus on engaging in more community activities. If an activity was not completed the reason was documented and completed the following month,. For example, one resident was being supported to return to swimming activities. This had been achieved and was being progressed to support the resident to engage in the activity with a peer in a local hotel.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident, in conjunction with their family representatives. Residents were supported by staff to attend allied healthcare professionals if required, in-line with their expressed wishes. One resident who declined health checks was supported with this decision. This was documented in the resident's healthcare plan and staff ensured ongoing monitoring of the resident without adversely impacting or causing anxiety to the resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured all staff had up-to-date knowledge and skills to respond to behaviours that challenge and support residents to manage their behaviours.

While the person in charge had ensured a log of all restrictive practices was in place and subject to regular review in the designated centre, not all restrictions had been reported as required by the regulations to the chief inspector. This will be actioned under Regulation 31: Notifications

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. Information was available for residents in easy- to- read format. Measures were in place to stagger activities and reduce the amount of time residents spent together if required to ensure the ongoing safety and positive experiences for residents in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents were being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights and their responsibilities through their meetings and discussions with staff or their key workers. Residents had access to a number of transport vehicles which enabled individual or small group activities to be facilitated. Residents were also being supported to engage regularly in community activities.

Over the course of the inspection the inspector observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a

need-to-know basis.

Residents were supported to access advocacy services where required. Easy-to-read information was readily available in relation a number of topics including individuals' rights, safeguarding, fire safety and accessing healthcare supports.

While the provider was actively seeking a permanent resolution to the provision of full time residential services for one resident, the curtailed respite services to other residents was under ongoing review. The provider and staff team had to prioritise residents assessed needs while ensuring adequate resources including staff were available for those attending for respite breaks. Alternative supports such as attending day services were being offered to the majority of these residents at the time of this inspection.

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	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not 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 Crobally / The Barn OSV-0002120

Inspection ID: MON-0032253

Date of inspection: 18/09/2023

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none"> • The Registered Provider has ensured that floor plans have been reviewed by an engineer and the necessary changes made to reflect the accurate layout of the centre. The reviewed plans have been submitted. Completed 23.10.23 	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: <ul style="list-style-type: none"> • The Registered Provider has ensured that the Conditions of Registration have been added to the Statement of Purpose. Completed on 06.10.23 • The PIC has ensured that the updated Statement of Purpose includes amendments as discussed on the day of inspection. Completed 06.10.2023 • The updated Statement of Purpose will be forwarded to the inspector along with this compliance plan. Completed 27.10.2023 	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: <ul style="list-style-type: none"> • The Registered Provider will ensure that all staff are aware of reporting requirements for incidents. PIC discussed this at the staff meeting in October where staff were reminded of the importance of reporting incidents in a timely manner as per policy, this is reflected in the minutes which are available to all staff. Completed 23.10.23 	

- The registered provider has introduced face to face safeguarding training in addition to HSEland training. PIC will ensure that all staff will be scheduled to complete this training with over the next 6 months. Complete by 27.2.24
- The PIC will ensure that incident review and learning from same remains a standing agenda item at monthly staff meetings and staff supervisions with emphasis on identifying safeguarding concerns. PIC discussed at October staff meeting and minutes circulated. Completed 23.10.23
- The PIC will ensure to notify HIQA of all safeguarding concerns within 3 days. Completed 19.09.23
- The PIC will complete quarterly notifications of all restrictive practice's as per regulations and in line with the updated restrictive practice register of the designated centre. This will include reporting of restriction of fluid intake, access to toiletries and access to personal belongings being stored in a location other than the resident's own bedroom. Complete by 31.10.23
- The registered provider has established a Restrictive Practice Committee. The PIC will request that restrictive practices for this centre be reviewed by the committee. Complete by 28.2.24

Regulation 17: Premises	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 17: Premises:
- The Registered Provider will ensure all necessary improvements to the premises and storage within the centre are progressed through the following:
 - The PIC will ensure that storage units will be purchased for the staff office in both the respite house and The Barn to ensure adequate storage facilities in both premises. Complete by 31.01.24
 - PIC will ensure that all sleepover bedding is removed and stored appropriately after use. PIC communicated this to staff via email on day of inspection and discussed at September staff meeting which is reflected in the minutes. Completed 30.9.23
 - The Respite house living room couch has been replaced. A quote for a stronger kitchen table has been obtained and will be in place by mid-November. Complete by 14.11.23
 - The PIC will ensure that storage units will be purchased for the medication room to ensure sufficient storage space. Complete by 31.12.23
 - Loose wiring in the hot-press was confirmed as "not live" by electrician on the day of inspection and removed the following morning by the registered electrician and completion of work confirmed. Completed 19.9.23
 - PIC will ensure that a monthly audit of the premises continues to be completed on the Environmental Audit Tool template on the Quality and Governance system to identify issues. Completed 19.9.23

- Registered provider will ensure that the Environmental Audit Tool is reviewed monthly at Monthly Monitoring visits by a Head of Operations. Complete by 31.10.2023

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- PIC has ensured that cleaning of extractor fan has been added to the cleaning schedule Completed 17.10.23. The extractor fan mentioned in the report was cleaned thoroughly on day of inspection. Completed 19.10.23.
- PIC will ensure that restocking of hand sanitizer dispensers will be completed monthly and has updated the cleaning schedule to include same. Completed 17.10.23
- PIC will ensure that all Health and Safety Checks to include but not limited to legionella checks will be completed on set days weekly and monthly. Health and Safety checks & legionella checks have been updated to reflect same and to align with policy. PIC will monitor same on a monthly basis going forward. Completed 17.10.23
- PIC and team leader will ensure oversight of completion of cleaning charts and health and safety charts continues and where required will follow up with staff re: same. Completed by 27.10.23

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The PIC will review all residents' prescription records to ensure that all known allergies are detailed on same. Completed by 27.10.23
- The PIC will ensure that a full medication audit will be completed by the Clinical Nurse Lead for the organisation. Completed by 27.1.24.
- The PIC will ensure to complete a monthly medication audit. Completed by 31.10.23
- The PIC will review all prescription records of all residents to ensure that they contain all required information in respect of the administration of PRN medication and ensure same is in line with the residents PRN protocol. Complete by 31.10.23
- The PIC will review all residents' hospital passports to ensure that all information contained in same is aligned with the residents prescription record. This will include but not be limited to the documentation of allergies to medications. Complete by 31.10.23
- The registered provider will ensure that a monthly medication audit is complete during the Monthly Monitoring Visit by a Head of Operations. The reporting system has been updated to incorporate medication audit from October 2023. Complete by 31.10.2023

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	23/10/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2023
Regulation	The registered	Substantially	Yellow	31/01/2024

17(1)(b)	provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Compliant		
Regulation 27	The registered provider shall 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.	Substantially Compliant	Yellow	27/10/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom	Not Compliant	Orange	27/01/2024

	it is prescribed and to no other resident.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	27/10/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	19/09/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	28/02/2024