



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

## Issued by the Chief Inspector

Name of designated centre:	Arlee Respite Service
Name of provider:	Praxis Care
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	20 July 2021
Centre ID:	OSV-0005817
Fieldwork ID:	MON-0026311

## About the designated centre

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

Arlee respite service provides planned residential respite breaks in a safe and welcoming "home from home" to adults between the ages of 18 and 65 years with an Intellectual disability and low support needs who are assessed as requiring residential respite. A person-centered approach to service users' needs is implemented, and each person will have a named key worker. Arlee respite service provides planned residential respite for a maximum of 4 adults at any one time, with staff available 24 hours per day. Arlee respite is a large two-story building with seven bedrooms. The centre is located on the outskirts of a busy town, and the residents have access to numerous amenities during their respite stays.

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

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

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
Tuesday 20 July 2021	9:30 amhrs to 3:30 pmhrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

Through observations and review of residents' information, the inspector found that residents received appropriate care and support during their respite stays. Residents were supported to engage in activities of their choosing, and the centre's staff team supported residents in a way that promoted their views and rights.

The person in charge greeted the inspector on their arrival at the house. Two of the residents were sitting relaxing in one of the house's sitting rooms. The inspector sat and spoke with the residents; they were due to go to a nearby town and go on a boat trip. Both residents were looking forward to this. The residents spoke of how they like coming to the respite service and how they enjoy their stays. The residents spoke to the inspector about where they were from and of their current employment.

The inspector said hello to a third resident who was sitting at the kitchen table. The resident was engaging with a staff member, and the interaction was brief. The inspector did, however, observe the resident appear comfortable in their interactions with staff and in the environment. Before the inspection, five residents were supported to complete questionnaires regarding the service being provided to them. The feedback was positive, with residents expressing that they like the house, staff team and that they like trying new things during their stays.

The inspector observed that the centre was designed and laid out to meet the needs of the residents. Residents had adequate space to take time away if they wished. A number of adaptations had been made to the centre since the last inspection that had been implemented to support residents' visits to the service during the COVID-19 pandemic. These included an arts and crafts room, a cinema projector, and the setting up of a beauty room for residents to use during their respite stays.

A review of a sample of residents' information demonstrated that they were receiving individualised supports. When possible, residents were supported to engage in the activities they wanted to. Some of the residents sought to be active going on day trips or out for walk and food, other residents chose to relax and enjoy their break in the centre, and this was respected by those supporting them.

There was regular contact between the staff team, the residents, and their families. There were also pre-admission processes that had been developed to support residents to have positive stays. The inspector had the opportunity to speak with two sets of residents' family members. Both spoke highly of the service being provided. They felt that their loved ones enjoyed their stays and that the staff catered to their needs and, if required would contact the family.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to engage in activities of their choosing.

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

## Capacity and capability

The inspection found that residents were receiving a consistent and good standard of care. The centre was effectively resourced with a clearly defined management structure in place.

The management team had appropriate arrangements in place to ensure that service was effectively monitored. This meant that the service provided to residents was effective and focused on meeting the needs of residents. For example, there were monthly audits being completed that were comprehensive and captured areas that required improvement. Members of the provider's senior management team were also completing monthly audits and were involved in decisions regarding the delivery of care to residents.

The provider had completed an annual review of the quality and safety of care and support. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these.

There was a staff team in place that was appropriate to the needs and number of residents. A review of the staffing rota displayed that overall there was a consistent staff team in place. There had been some recent changes to the team, but this had not affected the continuity of care being provided to residents. The inspector also reviewed a sample of the staff members' information and found that the person in charge had obtained the relevant information as per schedule 2 of the regulations.

The provider and the centre's management team had ensured that there were effective arrangements in place to support, develop and performance manage the staff team. The staff team supporting the residents had access to appropriate training as part of their continuous professional development. A sample of staff members' supervision records were also reviewed, it was found that the person in charge was ensuring that the staff team were appropriately supervised. The inspector also carried out an appraisal of staff team meetings; these meetings were focused on information sharing and ensuring that the best possible service was being provided to each resident.

The provider had adopted clear admission policies and practices. Compatibility assessments had been completed and were under review by the center's management. This practice was supporting positive outcomes for residents during

their stays. There was evidence of residents being supported to visit the centre before their first admission to the respite service. A directory of residents had also been developed that contained the relevant information as per the regulations.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

### Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents had been developed that contained the relevant information as per the regulations.

Judgment: Compliant

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

The provider had implemented transparent admission processes that were leading to positive outcomes for residents.

Judgment: Compliant

## Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

## Quality and safety

Residents were receiving appropriate care and support during their respite stays..

The inspector reviewed a sample of residents' information and found that the person in charge had ensured that personal plans had been developed with the support of residents and their representatives. These plans were supporting positive outcomes for residents during their respite stays. The plans were detailed and specific to each resident and identified their strengths and areas that required support. There was also evidence of these assessments being reviewed and updated when necessary. A review of residents' daily notes showed that residents were engaged in activities of their choosing during the respite stays. Some residents chose to relax in the house during their breaks, whereas others were more active outside the centre.

The information reviewed demonstrated that residents had access to appropriate health care. The inspector reviewed a sample of residents' medication procedures and found them detailed and resident-specific. There were medication management audits being completed by the centre's management team regularly. The provider had found that there were improvements required following medication errors. This was addressed with those involved, and additional training was provided. This approach had led to improvements and was ensuring that the centre had appropriate arrangements regarding medication administration, storage, and returning of medication.

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. The staff team was aware of the residents' needs and had received appropriate training in relation to the safeguarding of residents.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. Adverse incidents were discussed as part of team meetings, and learning from incidents was promoted.

Infection control arrangements at the centre were robust and reflected current



public health guidance associated with managing a possible outbreak of COVID-19. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff members, or staff shortages. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

Overall, residents were receiving a service that was tailored to their needs.

### Regulation 17: Premises

The provider had ensured that the house was designed and laid out to meet the needs of the residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were appropriate and suitable practices relating to the ordering, receipt, storage, disposal, and administration of medicines.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There person in charge and staff team had developed appropriate individual assessments and personal plans.

Judgment: Compliant

### Regulation 6: Health care

There were arrangements in place to meet residents health needs during their respite stays.

Judgment: Compliant

### Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant