



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:	Unannounced
Date of inspection:	23 February 2023
Centre ID:	OSV-0005817
Fieldwork ID:	MON-0035977

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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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
Thursday 23 February 2023	10:10hrs to 16:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over one day and in a manner so as to comply with current public health guidelines so as to minimise potential risk to the residents and staff. This was a respite service which could provide care and support for up to four adults with disabilities at any given time. On the day of this inspection there was three residents availing of a respite break in the centre.

The centre comprised of a large detached house in County Louth and was in walking distance to a large town. While on their respite breaks residents were provided with their own ensuite bedrooms. Other recreational facilities available to the residents in this centre included a beauty bar, where the person in charge informed the inspector that some residents enjoyed getting their hair and nails done while on their respite breaks.

A cinema room was also available as was an arts and crafts room and a games room. The inspector saw of the art work residents had completed which was on display in the arts and crafts room. Additionally, the person in charge also informed the inspector that while on their breaks, residents chose their favourite movies to watch in the cinema room. It was also observed that a football table, a snooker table, jigsaws and board games were also available to the residents to enjoy.

A back garden area was also available to the resident complete with garden furniture and a football net for residents to enjoy over the summer months.

The inspector met with two of the residents availing of respite services on the day of this inspection. One informed the inspector that they had been to the cinema, gone shopping and had gone for a drive with staff support during their stay and, they appeared to very much enjoy these activities. They also said that they enjoyed their breaks in the house and, the inspector observed that they got on very well with the person in charge and the staff member supporting them.

The other resident spoke briefly with the inspector. They also said that they enjoyed their respite breaks in the house and, were looking forward to have a takeaway meal later in the evening. Staff were also observed to be reassuring, kind and caring in their interactions with this resident.

The house was clean and generally well maintained on the day of this inspection. A number of refurbishments had been undertaken in 2022 to include new flooring in some areas, some new furniture was bought and the utility/laundry room had been upgraded. The bedrooms were observed to be clean and there was ample storage space for residents to store their personal belongings during their respite breaks. It was also observed that a spacious downstairs bedroom with a very large wet room was available to residents who may need some additional support. Additionally, healthcare-related equipment such as an epilepsy monitoring device was available in

a bedroom for residents that required it.

The person in charge informed the inspector that residents chose for themselves what activities to participate in while on their breaks. For example, some residents liked to participate in in-house activities while others liked to go shopping, go for drives or have a meal out. Other residents liked to participate in a mixture of both in-house and community based activities. There was a shop next door to the centre which some residents liked to go to and, a shopping centre and hotel were also close by. Private transport was also available to the residents for drives and other social activities further afield.

Written feedback on the quality and safety of care from a number of family representatives was also to be positive and complimentary of the service provided. For example, family members reported that they believed the service acted with integrity, was safe and person centred. They also reported that staff had excellent communication skills, were professional and helpful and, provided information to family members when or if requested. Additional comments from family members included the service was excellent, the range of services offered were excellent and that staff were kind and caring. Others reported that their relative loved their respite breaks, they have never had any issues or complaints about the service, staff are extremely caring and, they could not be happier with the service.

Written feedback on the service from residents was also observed to be positive. For example, residents reported that they really enjoy their breaks in the house, they like the activities on offer, staff support them to feel safe, they loved going to their favourite places with staff, staff were wonderful and, they loved being in the house.

While some minor issues were identified with the premises, infection prevention control (IPC), risk management and a healthcare-related protocol, residents reported that they very much enjoyed their time in this respite service. The two residents met with also appeared content in the service and happy in the company and presence of staff. Additionally, staff were observed to be kind, caring, warm and professional in their interactions with the residents.

The next two sections of this report discuss the above in more detail.

Capacity and capability

Residents appeared happy and content on their respite breaks in this service and systems were in place to meet their assessed needs. .

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. The person in charge was responsible for the registered designated centres however, they were supported in their role by a member of the management team. Additionally, a service specific business continuity plan was in

place so as to ensure adequate managerial oversight of the centre when the person in charge was on leave.

The person in charge was a qualified and experienced social care professional with an additional qualification in management. They were found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations) and were responsive to the inspection and regulation process.

On the day of this inspection and having reviewed a sample of rosters, it was found that there were adequate staffing levels in place to support the residents as described by the person in charge.

The staff team were trained and supervised so that they had the required skills and knowledge to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include, first aid, safeguarding and infection prevention control. Scheme specific training completed by staff also included autism awareness and the administration of rescue medication.

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents. It was observed that a minor update was required to this document however, when this was brought to the attention of the person in charge, the issue was addressed as required. The person in charge was also aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the Regulations.

The provider had systems in place to monitor the service and take on board feedback from the residents and family representatives. An annual review of the quality and safety of care for 2022 have been completed and a six monthly unannounced visit to the centre had been carried out in January 2023. Monthly audits were also being carried out on the service. These audits were effective in bringing about change in the centre and in ensuring the needs of the residents were provided for.

Regulation 14: Persons in charge

The person in charge was a qualified and experienced professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were also found to be responsive to the inspection process and aware of their legal remit to review and update the statement of purpose on an annual basis (or

sooner) as required by the Regulations.

Judgment: Compliant

Regulation 15: Staffing

The person in charge explained to the inspector that there were always two staff members on duty during the day and, a sleepover staff and waking night staff working on duty at night time in the centre.

On the day of this inspection and having reviewed a sample of rosters, it was found that there were adequate staffing levels in place to support the residents as described by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team were trained and supervised so that they had the required skills and knowledge to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include

- First Aid
- Safeguarding of Vulnerable Adults
- Fire Safety
- Intimate Load Handling
- Children's First
- Positive Behavioural Support
- Care of Medication
- Infection Prevention and Control

Scheme specific training completed by staff also included

- Autism awareness and
- The administration of rescue medication

Judgment: Compliant

Regulation 23: Governance and management

The service had a clearly defined management structure in place which consisted of

an experienced person in charge who worked on a full-time basis with the organisation.

The person in charge was responsible for the registered designated centres however, they were supported in their role by a member of the management team.

Additionally, a service specific business continuity plan was in place so as to ensure adequate managerial oversight of the centre when the person in charge was on leave.

The provider had systems in place to monitor the service and take on board feedback from the residents and family representatives.

- An annual review of the quality and safety of care for 2022 have been completed
- A six monthly unannounced visit to the centre had been carried out in January 2023.
- Monthly audits were also being carried out on the service.

These audits were effective in bringing about change in the centre and in ensuring the needs of the residents were provided for.

For example, the auditing process identified that

- A review of restrictive practices was required in the centre
- Some new furniture was required
- The service user guide required updating and
- The upkeep of the rosters reviewed review.

These issues had been actioned and addressed by the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents.

It was observed that a minor update was required to this document however, when this was brought to the attention of the person in charge, the issue was addressed as required.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the Regulations.

Judgment: Compliant

Quality and safety

The residents availing of services in this house were supported to enjoy short respite breaks based on their expressed preferences and, systems were in place to meet their assessed needs.

The individual needs of the residents were being supported and encouraged. Residents were supported to engage in social, recreational and learning activities of their personal interest and choosing. A number of in house activities were available to the residents to include beauty treatments, movie nights, arts and crafts and other table top activities. Residents were also supported to avail of community based activities such as going to the shops, meals out and drives.

While families took the main responsibility for the residents healthcare-related needs and, staff were kept up-to-date of any changes regarding their healthcare assessed needs and medication requirements. Healthcare-related protocols were also in place plans place to guide practice and support continuity of care. However, it was observed that one healthcare-related protocol in relation to a resident with epilepsy required updating and review.

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. At the time of this inspection however, there were no open safeguarding plans or issues. The inspector reviewed the most recent safeguarding concern identified in the service and found that it had been reported to the relevant safeguarding team and an agreed safeguarding plan/risk assessment was put in place to address the issue. Additionally, the residents impacted by this issue had been offered and undertook a '*stay safe*' training programme so as to assist them to develop knowledge, self-awareness and skills needed for self-care and protection. From a small sample of files viewed, staff had also completed training in safeguarding of vulnerable adults.

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. For example, where a resident may be at risk due to a health-related issue such as epilepsy, steps were taken to provide for that residents safety to include the provision of 1:1 staff support and, an epilepsy healthcare-related

protocol was in place to guide staff practice. However, it was observed that one aspect of this risk assessment required review regarding the management of safe staffing levels and the provision of 1:1 staffing support for one resident with epilepsy.

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in IPC. There was also a COVID-19 contingency plan in place. Staff also had as required access to PPE to include face masks which they used in line with public health guidance on the day of this inspection. Adequate hand sanitising gels were available throughout the centre as was COVID-19 related signage. However, some residents isolation plans required review so as to ensure they contained sufficient detail on all the steps to be taken where a resident with a suspected or confirmed case of COVID-19 may have difficulty isolating.

The premises were laid out to meet the needs of the residents and were found to be generally well maintained, clean and homely on the day of this inspection. However the front garden area required some maintenance work and, some of the storage areas in the house required reorganising.

Adequate fire fighting systems were in place to include a fire alarm, fire extinguishers, fire doors and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. Staff also completed as required checks on all fire equipment in the centre.

The inspector found examples of where the residents were supported with their rights in the centre and a human rights based approach to care and support was promoted. Prior to their admission, residents were consulted with and asked how they wanted to spend their time while on their respite breaks in the centre. Staff also discussed the concept of rights with the residents.

Regulation 17: Premises

The premises were laid out to meet the needs of the residents and were found to be generally well maintained, clean and homely on the day of this inspection.

However the following areas needed attention:

- The front garden area required some upkeep/maintenance work
- Some of the storage areas in the house required reorganising.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

However, it was observed that one aspect of a risk assessment required review regarding the management of safe staffing levels and the provision of 1:1 staffing support for one resident with epilepsy.

The person in charge explained that when this resident was availing of respite in the service, the numbers of residents are reduced so as to ensure there are adequate staff available to provide 1:1 staffing cover.

This control measure was not reflected in the residents individual risk assessment.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in

- Infection Prevention and Control
- Hand Hygiene
- Donning and Doffing of Personal Protective Equipment

However, some residents isolation plans required review so as to ensure they contained sufficient detail on all the steps to be taken where a resident with a suspected or confirmed case of COVID-19 may have difficulty isolating.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a

- Fire alarm
- Fire extinguishers
- Fire doors and
- Emergency lighting.

Equipment was being serviced as required by the regulations with the last service

being in January 2023.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

Staff also completed as required checks on all fire equipment in the centre.

From a small sample of files viewed, staff had training in Fire Safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual needs of the residents were being supported and encouraged and residents were supported to engage in social, recreational and learning activities of their personal interest and choosing. A number of in house activities were available to the residents to include:

- Beauty treatments
- Movie nights
- Arts and crafts
- Table top activities such as games and jigsaws
- Snooker
- Table football

Residents were also supported to avail of community based activities such as going to the shops, meals out and drives.

Judgment: Compliant

Regulation 6: Health care

While families took the main responsibility for the residents healthcare-related needs and, staff were kept up-to-date of any changes regarding their healthcare assessed needs and medication requirements.

Healthcare-related protocols were also in place plans place to guide practice and support continuity of care.

However, it was observed that one epilepsy healthcare-related protocol for a resident with epilepsy required updating and review so as to guide staff on when to call a doctor if or when this resident had a seizure.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. At the time of this inspection however, there were no open safeguarding plans.

The inspector reviewed the most recent safeguarding concern in the service found that it had been reported and responded to as per policy and procedure. For example the issue had been reported to

- The safeguarding officer
- The safeguarding team
- The Health Information and Quality Authority
- Relevant family members

Additionally, an agreed safeguarding plan was put in place to ensure residents safety and welfare and where required, residents were assisted to develop knowledge, self-awareness and skills needed for self-care and protection. Safeguarding had also been discussed at a recent staff meeting.

From a sample of files viewed, staff had training in

- Safeguarding of vulnerable adults and
- Children's First

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found examples of where the residents were supported with their rights in the centre and a human rights based approach to care and support was promoted.

Prior to their admission, residents were consulted with and asked how they wanted to spend their time while on their respite breaks in the centre.

Staff also discussed the concept of rights with the residents at meetings.

From a small sample of files viewed, staff also had training in a Human Rights Based Approach to care

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

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

Compliance Plan for Arlee Respite Service OSV-0005817

Inspection ID: MON-0035977

Date of inspection: 23/02/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider has ensured that improvements have been made to the outside of premises to meet requirements. The PIC has completed the necessary works to the outside of premises.</p> <ul style="list-style-type: none"> • The PIC has completed necessary works to the outside of premises. • Storage areas have been reviewed and re-organised <p>Date: 06/03/2023</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Registered Provider has ensured that the necessary systems to manage risk are in place.</p> <ul style="list-style-type: none"> • The PIC has reviewed and updated the Individuals risk assessment and management plan, Assessment and Care Plan to ensure they are accurate and up to date and reflect the appropriate staffing levels to manage risk. <p>Date: 06/03/2023</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Registered Provider has ensured that all residents are protected against infection.</p> <ul style="list-style-type: none"> • The PIC has updated all residents care plan's to ensure that guidance regarding isolation plans contains sufficient detail on all the steps to be taken where a resident with a suspected or confirmed case of COVID-19 needs to isolate. <p>Date:06/03/2023</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The Registered Provider will ensure appropriate healthcare is provided to all residents. update all epilepsy protocol for the residents with epilepsy to ensure guidance is accurate in relation in what to do in the event of a seizure. To be completed by the 07/04/2023</p> <ul style="list-style-type: none"> • The PIC will review and update the epilepsy protocol to ensure the information is accurate and clear. <p>Date: 07/04/2023</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	06/03/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	06/03/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated	Substantially Compliant	Yellow	06/03/2023

	infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	07/04/2023