



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

Issued by the Chief Inspector

Name of designated centre:	Brookvale House
Name of provider:	Praxis Care
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	23 July 2024
Centre ID:	OSV-0004351
Fieldwork ID:	MON-0035474

About the designated centre

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

Brookvale House is a full-time residential service, providing care and support for up to seven adults with an intellectual disability. Residents receive care on a twenty-four hour basis from a team of support workers. Brookvale House is situated near a large town in Co. Monaghan, where residents have access to amenities such as shopping centres, restaurants, bars and cafes. Brookvale House has seven bedrooms, six of which have an en-suite.. There are two living rooms, one kitchen and dining room, a utility room, one communal bathroom and an office.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
Tuesday 23 July 2024	09:15hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was scheduled after the provider applied to renew the center's registration. The inspection results were positive overall, with two areas identified for improvement, which will be discussed later in the report.

During the day, the inspector met six of the seven residents and spoke with the person in charge, who was also a member of the provider's senior management team. The inspector also spoke with members of the staff team.

The inspector reviewed a significant amount of information about how the service was managed and the care and support provided to residents. The review and discussions confirmed that residents received person-centered care and were supported to engage in activities of their choice.

During the inspection, some residents enjoyed the good weather in the garden area, while the inspector observed others coming and going throughout the day. The resident's garden was well maintained, with parts transformed into a sensory space.

The inspector was shown around the residents' home. The staff and residents had created a homely environment with pictures of residents throughout the house, and the house had been adapted to suit the residents' needs. The atmosphere in the house was relaxed, with residents engaging in activities they appeared to enjoy, such as listening to music, watching TV, carrying out cleaning tasks, or engaging in sensory stimulating activities. Most of the residents were attending day service programs, and evidence showed that they were offered opportunities to engage in activities outside their home, such as short holidays, social events, and concerts.

Throughout the inspection, the staff were observed to interact with the residents in a respectful, jovial, and caring manner. The residents appeared to enjoy these interactions and were at ease in their home.

In summary, the inspector found that residents received appropriate care and support. Their social and healthcare needs were under close review, and efforts were being made to ensure that residents engaged in meaningful activities outside their homes. Two areas that needed improvement were identified, they related to the premises and fire safety measures. The impact of these issues will be discussed in later sections of the report. Still, the overall findings of the inspection were positive.

The next sections of this report will present the findings related to the governance and management of the centre, and how these aspects affect the quality and safety of the service provided.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector also reviewed the provider's arrangements regarding staffing, staff training, complaints, and the statement of purpose. The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 14: Persons in charge

The provider ensured that the person in charge possessed the necessary experience and qualifications to fulfil the role. The inspector reviewed the person in charge's credentials and found that they were a qualified healthcare professional with additional qualifications in management as required by regulations.

The person in charge was responsible only for this service. Through discussions, the review of audits and quality improvement plans, the person in charge was found to have good oversight of practices and the care provided to the residents. The person in charge demonstrated that they had a good understanding of the needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

As part of the inspection, the inspector reviewed the current staff roster and rosters from two weeks in March 2024. The inspector found that there had been minimal changes to the staff team; there was a consistent staff team in place, which ensured that the residents were receiving continuity of care from persons they knew.

Reviewing the rosters and discussions with the person in charge identified staffing vacancies. There had been two vacancies for a number of months. The person in charge informed the inspector that two persons had been identified to fill the roles and provided evidence. The review of staffing arrangements also determined that the provider and person in charge ensured safe staffing levels were maintained. The inspector found that while there were vacancies, consistent relief staff supported the residents, ensuring continuity.

The inspector also found, through the review of information and documentation, that the provider had ensured that the skill mix of staff was appropriate to meet the residents' needs. Three staff members were rostered each day, and there were days when four staff members were rostered to support activities. The arrangements for night-time were one live night staff and one sleepover staff.

The inspector found that when reviewing information regarding the residents' care, the staff team was proactive in reviewing and updating care plans when required. This approach led to care and support plans accurately reflecting residents' changing needs.

As part of the ongoing assessment of compliance with safe recruitment and selection processes, the inspector reviewed information on two staff members. The review showed that the provider and person in charge had ensured that all data had been gathered per schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the provider developed to capture staff members who had completed training. Evidence showed that the matrix was under regular review and that staff members were attending training when required.

Staff members had completed training in areas including:

- fire safety
- safeguarding of vulnerable adults
- safe administration of medication
- infection prevention and control
- human rights-based approach
- first aid
- children First
- managing behaviours of concern
- managing service users personal finances
- dysphagia

- assisted-decision making
- stoma care
- fire sled training
- personal safety.

The inspector was also provided with information that demonstrated that staff members were receiving supervision. Two staff members' supervision records were reviewed; the sample showed that the supervision focused on performance management and ensuring the best possible service was provided to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. The provider's audit and reporting mechanisms were found to be effective. The management structure was clearly defined, with the person in charge leading a competent staff team who provided residents with a good standard of care.

The provider had completed the required annual and six-monthly reviews, which focused on the quality and safety of care and support provided in the centre.

The person in charge was conducting audits, and a member of the provider's senior management team carried out monthly audits/visits. A report was furnished after each audit. Following the review of the audits and reports, the inspector was satisfied that, when required, they were identifying areas that required improvement.

During the inspection, the inspector sought assurances regarding aspects of the residents home. The provider's senior management member showed the inspector that these issues had been added to a quality improvement plan. The inspector reviewed the plan and was satisfied that when required actions were being added to the plan and that, where possible, actions were being addressed promptly. There were some outstanding actions on the plan. They were still within identified timeframes, and the inspector was assured that the provider was taking steps to ensure their completion.

In summary, the inspector found that the person in charge and the provider had appropriate oversight of the service being provided to the residents. The residents were receiving a good standard of care, and they, as mentioned earlier, appeared happy in their home.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector noted information regarding the complaints process on a notice board in the resident's home. The complaints process was also discussed at resident meetings. The inspector reviewed the complaints log for the service and found that neither the residents nor the representatives had any complaints. However, two complaints were raised by day service staff members regarding handover practices between them and the residential staff. The person in charge in both cases was quick to respond to the complaints and ensured that the complainant was satisfied with the outcome.

Judgment: Compliant

Quality and safety

The review of information and observations found that residents received a service tailored to their specific needs and provided in a way that respected their rights. The residents appeared happy in their home and interacting with those supporting them.

The provider ensured that the residents' health and social care needs were comprehensively assessed, and support plans were developed to guide staff members in providing positive outcomes. The inspection found that guidance documents were created to help staff support the residents in the best possible way. The review of information also showed that the residents were accessing the provider's multidisciplinary team (MDT) when required.

As stated in the first section of the report, the inspection found that there were two areas that required improvement. A small amount of mold grew in a resident's ensuite, and the inspector found that improvements were needed to demonstrate

that the provider could evacuate residents under nighttime scenarios. These issues will be discussed in more detail under regulations 17 and 28.

The inspector reviewed other aspects, including risk management, communication, food and nutrition and medication management. The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team were delivering a safe and good service to the residents.

Regulation 10: Communication

The inspector reviewed three residents' information regarding their communication skills and support. The review found that where required, the provider had ensured that the residents had been assessed by a speech and language therapist and that a guidance document had been developed to support staff members in interacting with the residents.

The inspector also notes that staff members had completed personalised pieces of work such as 'all about me – my support plan'. These plans captured the residents' unique communication skills, providing valuable insights on how to have successful interactions with the residents and what their likes and dislikes were.

In summary, the inspector was satisfied that the provider had ensured that residents' communication needs were being addressed.

Judgment: Compliant

Regulation 13: General welfare and development

As noted in the report's opening section, some of the residents were engaging in a day service programme, and others were supported to engage in activities from their home with staff members. The review of daily notes and a document called "outcomes" for two residents showed that they were being supported to engage in various chosen activities in line with their interests. The outcomes documents revealed that the residents were being offered to engage in activities outside their home, key working sessions were also being completed where staff members encouraged residents to identify things they would like to do, and social goals were being set following the sessions.

Judgment: Compliant

Regulation 17: Premises

The member of the provider's senior management team showed the inspector around the residents' home. As noted earlier, the house was well-presented, and there was a welcoming atmosphere. During the review of the premises, a small amount of mold was found in a resident's ensuite. This had not been identified before. Once notified, the person in charge contacted the provider's maintenance team, and a plan was put in place to treat the area the following day. While the response was quick, the issue should have been identified and treated earlier.

During the opening meeting, the inspector was informed that there was a plan to upgrade parts of the residents' home. For example, new kitchen cabinetry was due to be fitted, the flooring was due to be updated, and couches were scheduled to be replaced. In summary, the inspector found the residents' home was, for the most part, well-presented and maintained. However, the mold issue should have been identified and addressed earlier.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector reviewed a two-week sample of three residents' daily notes. The residents' diet was documented daily, and the inspector observed that the residents were receiving a varied diet.

Through discussions with the person in charge, it was identified that some of the residents had been assessed by speech and language therapists regarding safe eating and drinking. Some of the residents had been prescribed modified diets. Information regarding this was readily available for review. The inspector also found that this was an area under regular review due to the changing needs of some residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to identify risks and respond to adverse incidents. Risk assessments were conducted for each resident. The inspector reviewed two of the residents' assessments and found that they were linked to the residents' care and behaviour support plans.

The inspector reviewed adverse incidents that had occurred in the service since

March of this year. The appraisal showed that incidents were well managed and that there was an appropriate follow-up where learning was identified and shared with the staff team. There was also evidence that when required, the person in charge and the staff team were linking with the provider's MDT and seeking guidance and updates to care and support plans that reflected the changing needs of the residents.

Overall, the review of risk management practices found them appropriate and under regular review.

Judgment: Compliant

Regulation 28: Fire precautions

During the review of fire evacuation procedures, the inspector identified areas that needed improvement in documenting actions taken during drills. The evidence did not clearly show that all residents could be evacuated during nighttime drills, as it did not indicate where residents were positioned at the time of the drill. The person in charge acknowledged this issue.

Additionally, it was found that two residents were prescribed the use of a fire sled in an emergency, but only one sled was available. The inspector also requested evidence of a fire drill conducted using the fire sled, to which the person in charge confirmed this had not been done for a number of years. However, it was noted that staff had been trained on how to use the fire sled for evacuations.

Upon reviewing other fire safety practices, it was concluded that the person in charge had ensured regular review and appropriateness of fire detection, fighting, and containment measures. The staff had received fire safety training as well as fire sled training.

In summary, the review revealed the need for improvements in conducting fire drills and documenting drill outcomes to demonstrate that the staff could effectively evacuate residents during both day and nighttime scenarios.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider and person in charge had ensured that there were appropriate medication management practices in place including the management of controlled medication. Staff members had completed medication management and administration training. The review of medication records for two residents showed that they were well maintained with clear guidance for staff to follow when

administering. The inspector also found that there were safe practices regarding the ordering, storage and disposal of medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found through the review of two residents' information that there were appropriate systems for assessing residents' health and social care needs. Residents' needs were assessed, and the data was used to create care and support plans. The inspector reviewed the plans and found they were under regular review. The care plans captured the changing needs of the residents. As mentioned, the provider's MDT was involved in the resident's care when required.

Judgment: Compliant

Regulation 6: Health care

The inspector found that care and support plans had been developed that focused on the residents' health needs. The inspector reviewed two residents' records, which showed they were accessing allied healthcare professionals. There was evidence of staff members and management following up on recommendations following appointments and ensuring that further treatments were scheduled and that the residents were prepared for them. There was also evidence of regular input from the provider's MDT members.

Judgment: Compliant

Regulation 9: Residents' rights

As reiterated in earlier sections of the report, the inspector observed the staff team engaging with the residents in a manner that respected their rights and individuality. The review of records showed staff members acting as advocates on residents' behalf, following up on appointments and seeking outcomes for residents. There was also evidence of residents being encouraged to identify and engage in what they enjoyed.

In summary, the inspector observed the residents appear comfortable in their home and interactions with those supporting them.

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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookvale House OSV-0004351

Inspection ID: MON-0035474

Date of inspection: 23/07/2024

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 shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally by completing the following:</p> <ul style="list-style-type: none"> • The PIC has ensured any mould located on silicone in a resident’s bathroom was replaced on 24/07/24. • Maintenance issues/mould discussed at team meeting and all staff made aware of the importance of reporting IPC concerns to PIC. Completed on the 31/7/24 • PIC will also complete a walk around each month and list any infection control or property issues on the environmental audit. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations by:</p> <ul style="list-style-type: none"> • The Provider has purchased a second fire evacuation sled on 30/7/24 • The PIC is currently in the process of ensuring each staff member has been involved in a fire drill demonstration using the fire sled. The training matrix has been updated to reflect this and staff will now be required to participate in practising using the fire sled once every 6 months. Due to be completed by 31/8/24 • A night time fire evacuation was completed on the night of the 23/07/24 and details of each resident position in the house prior to the evacuation has been noted in the fire drill 	

record. PIC has discussed with all Team Leaders at recent meeting the importance of including in the fire drill the exact position of each resident prior to the evacuation and the emergency exit. Completed 31/7/24

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	24/07/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/08/2024