



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

Issued by the Chief Inspector

Name of designated centre:	Blackcastle
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	16 January 2025
Centre ID:	OSV-0005864
Fieldwork ID:	MON-0037202

About the designated centre

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

The designated centre is located a short walking distance from a large town in County Meath and provides 24 hour support to three female adults. The centre comprises of a three storey building, the ground floor consists of an entrance hallway with a stairs which leads to the first floor. The first floor comprises of a large sitting room, a toilet, a kitchen/dining area, a small staff office and two balconies. The second floor contains three bedrooms, a bathroom and a medication room. The centre is staffed by a full time person in charge and support workers. There is one staff on duty during the day and one staff on waking night duty. All of the residents here attend a day service Monday to Friday and lead very active lives in their community.

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 16 January 2025	10:40hrs to 17:20hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, this centre was well-resourced and the staff team demonstrated that they provided person centred care to the residents living here. This was evidenced in the high levels of compliance found in the regulations inspected.

The inspection was announced. The person in charge and staff team had informed the residents that this inspection was happening at a residents meeting in December 2024. The inspector met all of the residents, spoke to the team leader, the person in charge and observed some practices in the centre. A sample of records were also reviewed pertaining to the residents care and support and the governance and management of the centre.

On arrival to the centre, two of the residents had left to attend their day service and one resident had decided to remain at home and enjoying a lie on in bed.

The centre was clean, comfortable, decorated to a high standard and well maintained. There were pictures and photographs throughout the house of residents which created a homely feel. The kitchen/dining area was modern and well equipped. Residents and staff were observed sitting down having coffee and a chat over the course of the inspection.

Residents had their own bedrooms which were personalised, and there was adequate space to store their personal belongings. Over the last number of months a number of renovations had been made to the property. This included taking out the bath in the main bathroom and replacing it with a large shower. The residents had requested this change and one resident told the inspector that they were very happy with this change as getting in and out of the bath had been difficult sometimes. Some of the residents had recently purchased new furniture and had repainted their bedrooms. One resident showed the inspector some of the items they had got and talked about how they had chosen the colour of the new paint in their bedroom themselves.

Residents were supported to keep in touch with family and friends. On the day of the inspection all of the residents were going out for evening dinner with some friends in a local hotel. All of the residents had their own mobile phones to keep in touch with friends and family members. Family members and friends were also welcome to visit the centre and residents had agreed between themselves that the sitting room could be used if residents wanted some privacy with their visitors. One resident had invited family over for dinner on Christmas day. This resident told the inspector that they really enjoyed being able to do this for their family.

The residents were supported to integrate into their local community and were supported to have valued social roles. All of the residents were members of local community groups. One of the residents wanted to get a job and had recently finished work experience doing clerical work. This resident spoke to the inspector

about further goals they had to gain more experience in this area with the aim of gaining paid employment in the future. This resident had also been a member of an interview panel, to recruit staff members in the organisation.

Another resident had decided last year that they wanted to live alone. The provider, staff and management team had supported the resident with this decision and the resident was due to move to their own home in the coming weeks. This resident spoke to the inspector about how they were supported with this process and about how happy they were moving to their own new home.

Prior to the inspection the residents completed questionnaires with some support from staff about whether they were happy with the services provided. Overall, the feedback was very positive and they said they liked the staff, food provided and were happy with their rooms. One resident reported that sometimes new staff did not always know their likes and dislikes. The inspector met with this resident to discuss this concern. The resident said that they had not raised this concern to the person in charge or staff prior to this inspection. The resident agreed that the inspector could provide this feedback to the person in charge for them to follow up with this concern. As agreed the inspector informed the person in charge of the residents concern, and the person in charge agreed to address the concerns the resident had raised.

As part of the registered providers governance of the centre, satisfaction surveys were also sent to family representatives to seek their feedback on the services provided in the designated centre. The feedback from one survey included positive feedback, such as staff are excellent and professional, and person centred care is provided in the centre. The inspector observed that one resident had requested that their family member was not contacted as the resident felt it was not necessary. This decision was respected. This was one example observed by the inspector of how a resident was able to decide what they wanted to happen in the centre.

Residents meetings were also held each week. One of the residents told the inspector that they did not like attending these meetings every week and again this was respected. At the residents meetings they talked about plans they had and what kind of meals they wanted for the coming week. One of the residents wrote up the plans agreed for the week which were then displayed on the notice board in the kitchen. Some of the plans included meeting friends/family, going to the cinema, hairdressers and different community clubs. At one of the meetings in December residents were making out what they termed as 'wish lists' for the coming year. Two of the residents were planning a sun holiday abroad with friends. Both of the residents talked to the inspector about these plans and were looking forward to picking a destination first and then booking flights.

At these meetings, residents were also provided with education around different topics. For example; how to make a complaint, how to keep safe and their rights. The inspector observed in the minutes of one meeting that residents had been provided with information about their right to vote in an election last year. In addition, one resident had been asked to represent the voice of residents at a human rights forum being held in the wider organisation. The idea behind this was

that the resident would make a presentation to the Human Rights Committee to talk about and share other residents views about their rights in the service. The person in charge outlined that these presentations were ensuring that the residents' voices were being captured to improve services.

Each resident had a personal plan outlining the care and support they needed including their healthcare needs. One of the residents spoke to the inspector about their personal plan and it was evident that the resident was very involved in decisions about their own health. Another resident had also recently decided against a recommended health related intervention. This resident had been provided with education around this, had spoken to their doctor and had decided not to proceed with the recommendation. This informed the inspector that residents were included in decisions around their health.

Staff who met with the inspector demonstrated that they were promoting person centred care. They had completed training in human rights and supported decision making. One staff provided an example of how they supported a resident with a decision to attend an appointment which the resident was anxious about. They went through some of the supports they had provided. For example; they had provided information to the resident about this appointment and what would happen, supported the resident to source different health care practitioners in their community where they could attend this appointment, and arranged for the resident to meet with different health care practitioners to see if the resident was happy to attend this appointment.

Overall, the residents were being supported to live a good quality of life in this centre. The inspector also observed that staff appeared to know the residents well and were respectful, caring and professional in their interactions with the residents.

Capacity and capability

Overall, the governance and management systems in place were ensuring a safe quality service to the residents. The person in charge along with the staff team and the registered provider were reviewing practices to enhance the quality of life of the residents and promote their independence particularly in relation to residents making their own decisions and their rights.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis. They were also supported by a team leader to ensure effective oversight of the centre.

The centre was being monitored and audited as required by the regulations and other audits were also being conducted to ensure ongoing compliance with the regulations. The registered provider also had a number of committees in the wider organisation to review practices in relation to residents' rights. For example; there was committee reviewing practices in relation to residents being supported to make

their own decisions in line with new legislation that had been enacted.

There were sufficient staff on duty to meet the needs of the residents. At the time of the inspection there were no staff vacancies in the centre. Where required regular relief staff were employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times. The residents informed the inspector that they really liked the staff working in the centre.

The training records viewed indicated that all staff had completed training in order to support the residents' needs in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to the chief inspector to renew the registration of the designated centre which included all of the documents that are required to be submitted with this application.

Judgment: Compliant

Regulation 15: Staffing

There was adequate staff in place to meet the needs of the residents which enabled them to live self directed lives.

Planned and actual rotas were maintained in the centre. The inspector completed a review of a sample of the centre's rotas which included one week in July 2024, October 2024 and January 2025 as well as the planned rota for two weeks after the inspection.

The staff compliment each day included one waking night from 9pm to 9am, and one evening shift Monday to Friday from 2pm to 9pm. At weekends one staff worked from 9am to 9pm. A team leader also worked Monday to Friday 9am to 5pm. At the time of the inspection there were no staff vacancies. In order to ensure consistency of care, for planned and unplanned leave regular relief staff were employed.

An on call manager was on duty 24hours a day to support staff and offer guidance and assistance if required. A clinical nurse lead was also available to guide and support staff with residents healthcare needs where required.

The inspector reviewed the staff files of two staff members. They contained all the requirements of Schedule 2. For example; all staff had been vetted with An Garda

Síochána (police).

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, all staff had undertaken training which was mandatory. This included

- safeguarding of vulnerable adults
- fire safety
- manual handling
- safe administration of medicines
- infection prevention and control
- positive behavioural support
- first aid

Additional training had also been provided to support some of the residents healthcare needs some of which included
managing diabetes
administering eye drops
mental health

Staff had also undertaken training in human rights, the consent policy and assisted decision making. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what inspectors observed'.

From speaking to two staff members the inspector was assured that they had the required knowledge to meet the needs of the residents. As an example; staff were able to outline what supports a resident required to manage their diabetes.

The registered provider

Judgment: Compliant

Regulation 22: Insurance

The registered provider had submitted an up-to-date insurance policy statement as

part of their application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well resourced and there was a defined management structure in place to oversee the care and support being provided in the centre. At the time of the inspection, the head of operations for the centre was assigned as the person in charge. To assure appropriate oversight of the centre a team leader was employed who supported the person in charge. The registered provider had identified a new person in charge for this centre who was undergoing additional training at the time of this inspection.

The provider had arrangements in place to monitor and review the quality of care in the centre. An unannounced quality and safety review had been completed along with an annual review from August 2023 to August 2024. This annual review included a synopsis of the care and support provided during that time frame. For example; there had been no complaints during this period and where areas of improvement had been identified they had been addressed. One example discussed earlier in the report, was that residents had wanted to remove the bath and replace it with a shower in the main bathroom. This had been completed at the time of the inspection.

Other audits were also completed in areas such as; residents financial records, medicine management and residents' personal plans. Overall the findings from these audits were, for the most part, compliant and where areas of improvement had been identified they had been addressed.

Staff meetings were held regularly which the person in charge usually attended or if not in attendance, the team leader facilitated the meeting. A review of sample of minutes showed that various issues were discussed about the service provided like risk management, safeguarding and restrictive practices.

The registered provider also had several committees in the wider organisation to oversee health and safety, restrictive practices and promoting and ensuring residents' human rights. In addition, there was another committee which specifically reviews and provides guidance on issues that may impact residents being able to make decisions for themselves.

Overall the governance and management systems in place ensured that residents were receiving a safe, quality service in this centre.

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 had recently been updated in line with changes to the management structure in the centre. Some minor improvements were required to the layout of the document which the person in charge agreed to address.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre over the last six months informed the inspector that the person in charge had notified the Health Information and Quality Authority(HIQA) of adverse events as required under the regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The registered provider is aware of their responsibilities to notify the Chief Inspector of any period where the person in charge is absent for 28 days or more.

Judgment: Compliant

Quality and safety

Overall, the residents enjoyed a safe quality service in this centre. All of the residents were supported to lead independent lives, were included in decisions about their care and support and were supported with long term goals they wanted to achieve.

Each resident had an assessment of need which outlined their health care and emotional needs. Support plans were in place to guide staff practice. The residents who spoke to the inspector were aware of their healthcare needs and were included in decisions about their health.

Residents were supported to have meaningful active days in line with their personal preferences and to maintain links with family and friends.

The centre was clean and generally in good decorative and structural repair. Each resident had their own bedroom which was decorated in line with their preferences.

Fire safety systems were in place to minimise the risk of fire and ensure a safe evacuation of the centre.

There was a policy in place that outlined procedures staff needed to follow in the event of an allegation/suspicion of abuse. All staff had received training in this area.

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

Regulation 13: General welfare and development

Residents were supported to have meaningful active days in line with their personal preferences. All of the residents attended a day service, however if residents wished to remain at home from their day service on a particular day this was facilitated.

Residents were supported to keep in touch with family and friends. On the day of the inspection all of the residents were going out for dinner with some friends in a local hotel. All of the residents had their own mobile phones to keep in touch with friends and family members. Family members and friends were welcome to visit the residents and residents had agreed between themselves that the sitting room could be used if residents wanted some privacy with their visitors. One resident had invited family over for dinner on Christmas day. This resident told the inspector that they really enjoyed being able to do this.

The residents were supported to integrate into their local community and were supported to have valued social roles. All of the residents were members of local community groups. One of the residents wanted to get a job and had recently finished work experience doing clerical work. This resident spoke to the inspector

about further goals they had to gain more experience in this area with the aim of gaining paid employment in the future.

Judgment: Compliant

Regulation 17: Premises

The centre was clean, comfortable and homely. The kitchen/dining area was modern and well equipped. The centre was decorated to a high standard and well maintained. Over the last number of months a number of renovations had been made to the property. This included taking out the bath in the main bathroom and replacing it with a large shower. The residents had requested this change and one resident told the inspector that they were very happy with this change as getting in and out of the bath had been difficult sometimes. All of the residents had their own bedrooms. The bedrooms were spacious and decorated in line with the residents' preferences. Some of the residents had recently purchased new furniture and had repainted their bedrooms. There was adequate space for residents to store their personal belongings

The person in charge maintained records to ensure that equipment used in the centre was serviced regularly. For example; the boiler had been serviced recently.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents decided what meals they wanted each week and some of them spoke about enjoying cooking and preparing some meals. One of the residents spoke about where the residents liked to go to do their weekly food shop.

They could prepare drinks and snacks whenever they wanted to and were observed sitting around the table on several occasions over the course of the inspection chatting and having coffee with staff.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated

centre. This guide was available to the residents and included a summary of the services to be provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks were discussed at team meetings and management meetings.

Individual risk assessments for residents included control measures in place to manage or reduce the likelihood of injuries occurring. For example; a resident who was at risk of falls had a falls risk assessment completed outlining the support the person required to manage this.

The staff in the centre were allowed to use their own personal cars to transport residents. The registered provider had systems in place to ensure the safety of residents. For example; the registered provider had documentary evidence to show that staff had a full driving licence and signed declarations from staff that their personal cars were roadworthy and insured.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to manage fire in the centre. Fire equipment such as emergency lighting, the fire alarm and fire extinguishers and fire doors were being serviced. For example: fire extinguishers had last been serviced in March 2024. Emergency lighting had also been serviced in November 2024. At the time of the inspection one of the fire doors was slightly warped at the top of the door. The person in charge had reported this to the relevant personnel. On the day of the inspection, the fire officer in the organisation reviewed documents and pictures of this fire door and provided assurances in writing that this defect did not compromise fire containment measures in the centre.

Staff also conducted daily/ weekly and monthly checks to ensure that effective fire safety systems were maintained. For example; fire doors were visually inspected each month by staff. Where issues arose they were notified to the relevant staff in the organisation.

Residents had personal emergency evacuation plans in place outlining the supports

they required.

Fire drills had been conducted to assess whether residents could be evacuated safely from the centre and the records reviewed showed that these were taking place in a timely manner. As an example in November 2024 the fire drill records indicated that a fire evacuation was completed in under three minutes.

Residents were provided with education on the importance of fire safety in the centre.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare and emotional needs and had timely access to a range of allied health care professionals in their community. At the time of the inspection, there were no residents awaiting support from allied health professionals.

The residents were supported and informed about their rights to access health screening programmes and vaccination programmes available in the community. One of the residents spoke to the inspector about attending some of these appointments. One resident had decided not to receive some of these services after been provided with information in relation to these appointments programmes. This informed the inspector that residents were able to make decisions about their own health care decisions.

Support plans were in place where there was an identified healthcare need to guide practice. Where possible residents were encouraged and supported to be independent in managing their own health care needs. For example; one resident had been shown how to complete checks using a medical device to manage a health care condition they had. The inspector spoke to this resident about this and it was clear that this resident knew all about this health condition and was also very aware of how the staff should support them with this.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. The staff met, were

aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The residents reported in their questionnaires that they felt safe living there. Since last year a number of potential safeguarding concerns had been reported to HIQA from this centre. The inspector found that the person in charge and the registered provider had reported them to the relevant authorities and had taken steps to address the issues raised. At the time of the inspection all of these concerns were closed meaning that no further actions were required.

Residents had been provided with education on their right to feel safe and informed the inspector that they would talk to staff if they did not feel safe. Some residents reported in their questionnaire that some safeguarding issues in the centre that had been reported (which related to the compatibility of residents living together) were now addressed.

Judgment: Compliant

Regulation 9: Residents' rights

The residents were able to exercise choice in their daily lives and led self directed lives.

Residents meetings were held to make choices around meals they would like and also to inform the residents about things that were happening in the centre. One of the residents was responsible for writing up the plans agreed at these meetings. The resident said they really enjoyed doing this.

All staff had completed human rights training and training in supported decision making to enhance their knowledge and ensure that this knowledge influenced their practices.

The registered provider also had a number of committees in the wider organisation to review and improve (where necessary) issues pertaining to the rights of residents.

There were numerous examples found where residents were supported to make their own decisions about what they wanted to do. This included decisions about where they wanted to live, decisions about health care treatments and small every day decisions like when to get up or choosing if they wanted to attend day services.

Residents were provided with education about their rights at weekly residents meetings.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant