



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

Issued by the Chief Inspector

Name of designated centre:	Grangebective
Name of provider:	Praxis Care
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	24 June 2021
Centre ID:	OSV-0001913
Fieldwork ID:	MON-0033634

About the designated centre

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

Grange Bective can provide a full range of care and support needs for a maximum of 5 residents aged 18 years or older with an intellectual disability / autism, who require medium to high care and support. The centre consists of a two storey, dormer style bungalow, situated outside a large town in County Meath. The centre includes an independent living unit which can accommodate one resident and is connected to the remainder of the house by a hallway and connecting door. Each resident has their own bedroom which had been decorated to the residents taste and choice.

Residents are supported 24 hours a day, seven days a week by a person in charge, team leaders, and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 24 June 2021	09:00hrs to 17:00hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

Due to COVID-19 infection control precautions, the inspector limited the time spent in the communal areas of the centre during the inspection. To reduce infection control risk most of the inspection was carried out in an office which was on a different floor to residents' living space.

The inspector met with four residents who lived in this centre. Although these residents were not able to verbally express their views on the quality and safety of the service, they were observed to be in good spirits and comfortable in the company of staff. Residents were smiling and were clearly relaxed and happy in the centre. Staff were observed spending time and interacting warmly with residents, and were very supportive of residents' wishes and preferred activities. Observations and related documentation showed that residents' preferences were being met.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families, and this information was used for personalised activity planning for each resident. There were enough staff in the centre to ensure that residents' support needs were met. A staff member worked with each resident to provide one-to-one support at all times while at the centre. There were sufficient staff on duty to increase this support level to two staff to a resident if they were going out to do things elsewhere. This ensured that each resident had individualised support at all times and could take part in the activities that they enjoyed without impacting on the plans and preferences of others.

During the inspection residents spent much of the day away from the centre. For example, one resident was having a spa day at a hotel, while another who enjoyed long walks was doing this. While in the centre, the inspector observed a resident was enjoying music, while another spent time outdoors in the garden on the trampoline. The resident was clearly enjoying this activity and was laughing and smiling while playing.

Residents had compiled activity scrapbooks and these contained pictorial evidence of general welfare and leisure activities that residents were involved in during the current lockdown. For example, residents had been taking exercise by walking, using bikes, scooters, and an exercise bike, and by dancing, hill walking and dog walking. They had been keeping themselves occupied in the centre with table-top games, jigsaw puzzles, baking, cooking, relaxing in the electric massage chair, and arts and crafts. There had been outdoor activities in the garden, such as having a barbecue and a treasure hunt.

During the inspection it was clear that staff communicated calmly and kindly with residents. Communication plans had been prepared for residents to help them to communicate their needs. Some of the communication techniques used included

photographs to identify staff on duty and clear pictorial information. At a staff meeting, staff had discussed how the dining experience for residents could improved. It was agreed that the preparation of communal meals for residents would be replaced with individual meal preparation for each resident based on their food preferences. This was to ensure that each residents had food that they really enjoyed at each meal.

The centre was laid out to create a comfortable, accessible and safe atmosphere for residents. The centre was warm, clean, spacious, suitably furnished and decorated, and equipped to meet the needs of residents. There was internet access, television, games, and music choices available for residents. Communal areas were decorated with suitable colour schemes, and comfortable soft furnishings and decor. There was adequate communal and private space for residents, a well equipped kitchen and sufficient bathrooms, including en-suite facilities attached to each bedroom.

Residents had their own bedrooms which were comfortably decorated, furnished and person-centred. Residents' bedrooms were very individualised with a very varied range of décor and themes in each room in accordance with residents' wishes. Some rooms were decorated in calm, relaxing colours, while others were vibrant and strong and represented themes and interests that residents were passionate about. There was adequate furniture in which residents could store their clothing and belongings.

At the rear of the house there was a spacious, secure sensory garden that was planned to suit the needs of all residents and to support their enjoyment of this outdoor space. There were several sets of picnic benches with seating, so that residents who chose to, could maintain their personal space outdoors while dining or playing. There were a range of sensory items and activity equipment in the garden such a sandbox, wind chimes, large coloured tyres, a swing, a trampoline and several splash pools.

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who lived in this centre. There were strong

structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this.

There was a strong management presence in the centre at all times. There was a suitably qualified and experienced person in charge who was based in the centre and who knew the residents and their support needs. A team leader was on duty in the centre at all times, including at night time, to support both the person in charge and the wider staff team. The person in charge worked closely with staff and the wider management team. Arrangements were also in place to ensure that staff could contact a senior manager at all times if required.

The person in charge held team meetings with the staff in the centre every month at which a range of relevant information was discussed and shared. These included the ongoing care, support and progress of each resident, and the quality improvement plan and how it was progressing. Actions from previous staff meeting and COVID-19 were included at every staff meeting.

The person in charge and staff carried out audits, such as monthly audits of medication and finances, to review the quality and safety of the service. Staff also carried out an ongoing range of safety checks in the centre including reviews of fire safety, vehicles, first aid supplies, the carbon monoxide monitor and food safety. Unannounced audits were being carried out twice each year on behalf of the provider. Overall, audit records showed a high levels of compliance and any issues identified during audits were taken seriously. A quality improvement plan had been developed from audit findings which clearly stated any deficits identified, actions required, and time frames within which these would be addressed. Annual reviews of the quality and safety of care and support of residents were also being carried out. The annual review was informative and included the views of residents and their relatives. Residents views had been gathered by their key workers using communication techniques that suited the residents. Feedback from both residents and their families indicated a high level of satisfaction with the service.

The provider had developed a comprehensive contingency plan to reduce the risk of COVID-19 entering the centre, and for the management of the infection should it occur. Furthermore, the centre was suitably resourced to ensure the effective delivery of care and support to residents.

The provider had ensured that there were sufficient staff available to support residents, and that staff were competent to carry out their roles. A staffing roster had been developed which was clearly stated and was accurate at the time of inspection. Since the last inspection of the centre, an identified staffing deficit had been resolved. The centre currently had a little below its recommended quota of wholtime equivalent staff. However, the provider had taken measures to address this. Some new staff were at an advanced stage of recruitment and were due to take up their roles shortly. Records indicated and staff confirmed that, in the interim, the required staffing levels could be comfortably achieved at all times. The inspector found this to be the case on the day of inspection.

Staff had received extensive training relevant to their roles, such as training in

medication management, first aid, autism care and communication, in addition to up-to-date mandatory training in fire safety, behaviour management and safeguarding. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic. There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents and a sample of policies viewed by the inspector were up to date and informative.

Records viewed during the inspection, such as staff training records, personal plans, medication management records, COVID-19 and infection control, were comprehensive, informative and up to date. There was an informative statement of purpose which gave a clear description of the service and met the requirements of the regulations.

Overall, there was a good level of compliance with regulations relating to the governance and management of the centre.

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents. Planned staffing rosters had been developed by the management team. These were accurate at the time of inspection and indicated that these were the normal staffing levels.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations.

Judgment: Compliant

Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the service. Residents received person-centred care that ensured that each resident's wellbeing was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe.

Review meetings took place annually, at which residents' support needs for the coming year were planned. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans viewed during the inspection were clearly recorded and up to date.

The centre was located in a rural area which was close to a large town. The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained. The centre comprised a large house which incorporated one self-contained living unit which accommodated one person. There was a well equipped kitchen, adequate communal and private space and gardens at the front and rear of the house.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider particularly ensured that there were enough staff available to support each resident in an individualised way. While in the centre there was one staff member allocated to support each resident throughout the day and in the evenings. There were sufficient staff to allow for two staff to support residents in the community if required. This ensured that each resident could choose to do the things that they preferred and enjoyed, both in the centre and elsewhere, without impacting on each others activities. During the inspection, the inspector saw that residents were spending most of their time out and about doing things that they enjoyed in the local area. The provider also ensured that information of importance was made available to residents in a format that was easy for them to understand. Some of the techniques used included clear, pictorial

activity plans, computerised devices and use of sensory items. Staff also spoke clearly to residents in line with their communication plans.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required. The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans.

There were safe had procedures in place in the centre for the prescribing, administration and storage of medicines, including for PRN (as required) medicines. As medication guidance and administration records were suitably recorded. There was clear written protocols in place to guide staff on the appropriate use of PRN medicines.

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service and suited the number and needs of residents. The centre was well maintained, clean, comfortable and suitably decorated.

Judgment: Compliant

Regulation 20: Information for residents
Information was provided to residents. This included information, in user friendly format, about staff on duty each day, residents' rights, how to make complaints, COVID-19 information and personal planning. There was also a written guide to the service that met the requirements of the regulations.
Judgment: Compliant
Regulation 27: Protection against infection
There were robust measure in place to control the risk of COVID-19 infection in the centre.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
There were safe medication management practices in the centre.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.
Judgment: Compliant
Regulation 7: Positive behavioural support
The provider had suitable measures in place for the support and management of behaviour that challenges.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from any form of harm.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant