Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Greenville House
Name of provider:	Praxis Care
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	17 July 2024
Centre ID:	OSV-0002113
Fieldwork ID:	MON-0043037

About the designated centre

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

The centre provides residential care specifically for adults with autism. The centre is set in five acres of land outside a village in a picturesque environment and there is also a day service and other facilities, such as horticulture and outdoor gym equipment in the grounds. The centre comprises a main house and seven cottages and can accommodate 14 residents. The main house can accommodate five residents and the cottages can accommodate either one or two residents. Residents were supported on a 24/7 basis by support workers, team leaders and a social care leader. A person in charge is appointed to maintain day to day oversight of operations within the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Wednesday 17 July 2024	09:30hrs to 17:15hrs	Elaine McKeown	Lead
Thursday 18 July 2024	09:30hrs to 16:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, completed to monitor the provider's compliance with the regulations. This centre had previously been inspected in June 2022 as part of a focused inspection reviewing Regulation 27: Protection against infection. The provider had addressed the actions identified in that inspection which included on going monitoring of personal protective equipment and expiry dates, upgrading of the ventilation system in one of the cottages and evidence of ongoing premises work to ensure effective cleaning of intact and undamaged surfaces.

Due to the designated centre comprising of seven cottages and a house, this inspection was completed over two days. The inspector met with all 14 residents during the inspection. Each cottage/house was visited at least once during the inspection at times that best suited the routines of the residents. The person in charge linked with each area frequently during the two days to enable the inspector to meet with the residents. For example, staff informed the inspector when one resident was about to leave their home so that the inspector could meet them. Another two residents were introduced to the inspector in the afternoon of the first day on their return to their cottage.

On arrival at the first building the inspector was asked by the staff member to present their identification before entering the property. As this was a busy time of the morning for the five residents, the inspector returned later in the morning to meet some of the residents living in the house. The inspector was informed one resident would be attending a day service in another nearby town and would benefit if they met the inspector at another time. This resident agreed to meet with the inspector the following morning before they left to attend their planned spinning class with peers. The resident was supported by staff to speak about the activities they enjoyed doing as well as informing the inspector about their request to have their en-suite upgraded. The resident spoke excitedly about plans to travel with family members to see a musical show in England in the coming months. They proudly showed the inspector their bedroom, personal possessions and recent purchases that staff has supported them to buy.

During day one of the inspection, the inspector was invited to get a photograph taken with another resident and some of their staff on the resident's electronic tablet device before they left for a planned activity. The inspector was invited to meet the resident again in their cottage the following day as they completed a table top activity. Staff supporting the resident spoke of how the resident had enjoyed a nice day out the previous day. They had spent time in a café having a favourite hot drink. This would previously not have been an activity the resident would have participated in as such locations would have caused an increase in the resident’s anxiety. Staff spoke of the positive progress made by the resident which included them attending a birthday celebration in an outdoor space with peers. The input of behavioural support specialists also assisted with providing the resident with

consistent responses including reactive and proactive strategies.

The staff spoken with were very familiar with this resident's routine and preferences to enable them to enjoy meaningful activities regularly. Staff also outlined the ongoing input of a consultant psychiatrist, the reduction and removal of some medications. This included the removal of PRN medicines (medicines only taken as the need arises) to manage anxiety as these were no longer required by the resident. In addition, staff spoke of the positive impact for the resident to maintain their weight and actions being taken to ensure the resident's ongoing health and wellbeing. Staff also spoke of the known limitations in the designated centre in the event the resident's health deteriorated and actions taken to ensure ongoing monitoring and timely review by appropriate health care professionals when required. The staff team were actively supporting the resident to enjoy a good quality of life, experience new activities and maintain their health status while living in this designated centre.

The inspector met with two residents in their back garden. One was listening to music on their headphones as they walked around the garden space and the other was sitting with a staff member on a garden bench. The inspector was informed both residents enjoyed attending horticulture activities. Staff explained the different activities each enjoyed in this programme. One liked to lift objects, push and pull garden equipment while the other liked to use the wheelbarrow and socialise with others in the greenhouse located on the grounds of the designated centre. These residents lived together in one of the cottages which had been identified by the provider as requiring an additional communal space to support the assessed needs of the two residents. The staff team explained that they were a number of locations within the local community that one resident could access if required when there was poor weather conditions as this resident enjoyed walking. The inspector observed the current cottage layout had limited communal space for both adults to engage in their preferred activities.

In contrast, the inspector met two other residents in another cottage later in the afternoon on the first day where an additional communal space had been added on. One resident was relaxing with their feet up while listening to music in this space when introduced to the inspector. The resident indicated that they were happy in their home and proudly showed the inspector some potted plants that they had recently completed which were out on the patio area. This was described as an achievement for the resident to complete the activity. Staff explained that the resident had previously commenced such activities in the horticulture programme but only engaged for brief periods. Assisting the resident to be able to complete the activity in their own home and patio area had suited them better. The other resident enjoyed watering the plants regularly. Staff explained how the room was being used also for the residents and staff to enjoy their meals together in the bright and spacious room, which would not have happened with the previous layout of the cottage. The other resident was resting in their room at the time but did acknowledge and greet the inspector. Both of these residents went home at weekends to visit family members. Staff spoken too outlined how both of the residents enjoyed a variety of activities each week. This included socialising in a

local public house and attending spinning classes regularly.

Other residents may have only acknowledged the inspector during their encounters but all staff were observed to explain who the inspector was and the purpose of the inspection. Permission was also sought by the staff present from each resident for the inspector to walk around their homes. Each location was found to be decorated in line with personal preferences for the residents living there. For example, large canvas prints of a resident and their family hung in one cottage, another had a large amount of music discs reflective of the resident's interest in music and another had many completed Lego pieces on display. One cottage had a mosaic tile at the entrance of their home that the resident had made with staff support. Staff spoke of preferred activities for each resident which were constantly reviewed to ensure enjoyment and participation. For example, one resident liked to complete join the dot activities, staff explained that they were encouraging the use of new colours in these activities with the resident.

Staff spoken too in each location consistently demonstrated with enthusiasm, the positive progress residents had made in recent years. This included attending fitness classes such as yoga both on the grounds of the designated centre and in the community. The inspector was informed of the engagement of external instructors of such classes to ensure residents were enjoying and participating to the best of their ability. In addition, residents were supported to attend day services with other providers or visit another day service location owned by the provider when it was not being used in the evening to provide alternative space and activities for residents. Staff also spoke of how residents were welcomed and included in the local community, which included a variety of shops and the community centre.

The inspector was informed of how residents were actively engaging with their local community and supported with fund raising events, such as hosting a coffee morning. Residents had been allocated roles such as selling tickets during the event. The funds raised had facilitated residents to enjoy a Christmas social event which included a meal and attending a Christmas pantomime, as per individual preferences. Staff spoke of how they encouraged each resident to participate in social events, such as a recent gala held by the provider in a hotel in the weeks before this inspection. Residents reportedly danced, mingled and socialised throughout the event. Awards were handed out to residents which varied from "Best 80's fan", "Best smile" to the " Most Travelled" Staff explained how some residents were supported to attend the event but left when they indicated they did not wish to stay. There were also sufficient numbers of staff resources and transport vehicles to support the individual residents throughout the event.

Staff spoke of the flexible approach that was provided to residents to support their assessed needs. For example, one resident liked to be active and slept better at night time if they had engaged in a walk or run in the evening time. The inspector was informed how a staff member facilitated this activity out in the local community during the bright evenings whenever possible. The evening of the first day of the inspection, seven residents and their staff went for a three kilometer walk as part of a walking challenge that had commenced. The aim was to complete a total of 15 kilometers. Plans were also in progress to register residents and staff to participate

in the mini marathon as part of more fund raising events for the designated centre. Staff were also planning a summer BBQ and residents had enjoyed a visit to the grounds of the designated centre from an ice cream van. It was evident the staff team were focused on engaging residents to experience many social and community activities.

Staff spoke of the increased interaction between some of the residents in recent months which was described as providing positive experiences. The inspector was informed of how two residents had enjoyed spending time together and had been enjoying increased periods of social interaction together. On the first day of the inspection as the inspector was in one of the cottages, a resident and their supporting staff called to visit a peer. Staff explained that these visits could be planned or unplanned but staff would ensure both residents were happy to engage with the activity. The inspector was also informed that staff organised movie nights on the grounds of the designated centre where residents could chose to attend if they wished. There were plans to further develop the equipment and facilities in this room to make greater use of the space for residents to use more often.

Staff had also received compliments from relatives regarding the positive impact the service being provided to their relative was having on the residents quality of life. Family representatives also acknowledged the ongoing actions taken by the staff team to ensure their relatives safety and well being.

In summary, it was evident that a core, consistent group of staff were effectively supporting residents to live their lives which supported their assessed needs. Staff demonstrated how each resident's human rights were being supported which included ensuring each resident's personal living space was respected by others. Actions had been taken in recent months to ensure effective systems were in place to enable resident's personal possessions and personal living spaces would not be adversely impacted by other residents. There had been a noticeable reduction in the number of incidents occurring in the designated centre in recent months prior to this inspection since changes were implemented resulting in positive outcomes for residents.In addition, residents were also supported by the staff team where required to access additional specialist services in mental health to ensure their assessed needs were being effectively met. However, while the staff team continued to advocate for all residents to have access/arrangements in place to access their personal finances, not all residents had financial accounts in their own name. In addition, the provider had identified that the communal space available to two residents who shared a cottage was not supporting their assessed needs. This remained unresolved at the time of this inspection.

The next two sections of this report will present 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 service being provided.

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. Residents were supported to engage in regular surveys pertaining to their service provision. There was evidence of strong oversight and monitoring, with management systems that were effective in ensuring the residents received a good quality and safe service. The provider had also ensured all actions from the previous inspection by the Chief Inspector of Social Services in June 2022 had been addressed.

The provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. Residents were supported by a core team of consistent staff members. No agency staff had been required to fill gaps in the duty roster since October 2023. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident confirmed with staff present that they were giving the inspector the correct information. Another resident was encouraged to show the inspector around their home by the staff member supporting them at the time.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management.

The remit of the person in charge was over this designated centre. They were supported in their role by an assistant manager that also worked full time in the designated centre.

Duties were delegated and shared including the staff rota, audits, supervision of staff, review of personal plans, risk assessments and fire safety measures. In addition, the mentoring of new staff had been supported by one of the team leaders to assist with consistency of information sharing and the induction process. This was described and observed by the inspector as being a positive and effective use of staffing resources while assisting the person in charge to maintain oversight of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place for both the management on-call and the front line staff team supporting the residents by day and night. The person in charge was supported by the assistant manager to ensure the staff rota reflected the staffing levels required in each area of the designated centre. Attention was given to ensure the appropriate skill mix and staff familiar to the residents were rostered on duty at all times. If there were gaps in the planned roster the vacant shifts were identified and available staff members informed the assistant manager.

The inspector reviewed staff rotas for the three weeks prior to this inspection from 24 June 2024. Staffing resources were found to be in line with the statement of purpose. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota. In addition, staff demonstrated their flexibility in changes to their planned shifts, sometimes at short notice, to support the assessed needs of the residents. This included the person in charge who also worked on the front line when required for example, to support one resident to attend swimming which was a new activity being introduced to the resident in recent weeks.

At the time of this inspection there were five whole-time equivalent staff vacancies. There was a core group of 45 consistent staff supporting the residents to deliver person-centred, effective and safe care. This included the person in charge, the assistant manager and seven team leaders. There were an additional 15 regular relief staff also available to support residents when required. The inspector was informed there had been no agency staff working in this designated centre since October 2023.

Six of the team leaders had a dedicated location within the designated centre for which they were responsible and one relief team leader was appointed in February 2024 to provide additional support to the team. To ensure ongoing oversight by day and night there was at least one team leader on duty or on the grounds of the designated centre available to support staff at all times.

Staff attended regular team meetings which discussed a number of topics including, staff training, safeguarding, restrictive practices, fire safety and infection prevention and control measures. These meetings also reviewed/discussed the findings of audits completed in the designated centre to ensure shared learning, consistent approaches and addressing actions identified in a timely manner.

The person in charge and assistant manager ensured oversight and attendance to regular meetings in individual cottages and the main house. Each had delegated responsibility for three locations within the designated centre. In addition, the person in charge met with the team leaders monthly to provide up-to -date

information on a variety of topics including training and finances. At these meetings the team leaders also provided an update of how the residents in their area were getting on and if there had been any issues of concern or positive outcomes for residents since the previous meeting.

The inspector met with 17 members of the staff team over the course of the day. This included the person in charge, team leaders and members of the social care team. All staff were observed to interact in a professional manner with the residents they were supporting. In addition, all demonstrated that they were familiar with the residents and their likes, dislikes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed a detailed training matrix which indicated all staff had completed a range of training courses to ensure they had the appropriate levels of knowledge, skills and competencies to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, infection prevention and control.

The provider had ensured that staff had access to training that was identified as important for this centre and in line with residents' assessed needs including medicines management and the administration of emergency medicine.

The person in charge outlined a review was underway of what training was being considered as mandatory, site/scheme specific to the assessed needs of the residents and non-mandatory. The designated centre had been subject to an International Organisation for Standarisation (ISO) audit in May 2024 which reported to have positive findings relating to the training of the staff team in the designated centre.

The person in charge had an effective system in place identifying and monitoring the upcoming training needs of the staff team and these were scheduled in advance.

Systems were in place to support re-training of staff where required in areas such as administration of medicines and the correct documentation of administration of medicines to reduce the risk of errors occurring.

Personal professional development of members of the staff team was also supported by the provider.

At the time of this inspection, over 70% of the staff team had already completed the training in human rights.

Staff supervision was occurring in-line with the provider's policy and scheduled in

advance. The provider had processes in place to ensure ongoing support for staff members, which included mentoring of new staff. A team leader had the responsibility of ensuring new members of staff received the induction programme, had a link person to contact and had their probationary supervision completed in a consistent manner. This was described to the inspector as a positive role supporting new members of the staff team.

A review of the induction process had also taken place in June 2024 and changes were reflective to support new staff

There was also evidence of review and shared learning within the staff team through the auditing systems place.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured all the required information as outlined in Schedule 3 pertaining to records being retained for residents were available for review and had been updated and maintained.

Staff also recorded periods of time when residents stayed away overnight. As a small number of residents went home to relatives most weekends or had planned over night stays, this information was documented in their personal communication books which were updated daily by staff and relatives.

Judgment: Compliant

Regulation 21: Records

The provider had ensured all records as outlined in Schedule 4 of the regulations were maintained and updated in the designated centre.

The provider had ensured all records as outlined in Schedule 3 of the regulations were maintained and updated in the designated centre. This included relevant information pertaining to the changing assessed needs or on-going medical assessment of residents.

The inspector reviewed the personnel files of two staff members during the inspection. These were found to contain all the required information as outlined in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and the insurance was valid for the current year.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a management structure in place, with staff members reporting to the person in charge who had the support of senior staff working in the designated centre. This included seven team leaders and an assistant manager. The person in charge was also supported in their role by a senior managers within the organisation.

Each cottage/house had their own regular team meetings where issues specific to the location were discussed and information from management shared with the team. In addition, the team leaders met with the person in charge monthly to discuss each location and received updates regarding audit findings and actions required to be addressed. The provider ensured the person in charge attended monthly meetings with senior management and members of the multi disciplinary team where an overview of the designated centre was provided which included updates on the progression/completion of actions identified on audits.

The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the changing assessed needs of the residents and the statement of purpose. This included weekly and monthly audits. As previously mentioned external audits were also completed as well as a review by clinical specialists within the organisation. This included the provider's clinical lead who was completing a review of the health profiles of residents at the same time as this inspection. The same auditor had previously completed an audit of medicines in November 2023. The provider also ensured members of the senior management team completed assessments and monitoring reviews in the previous 12 months, some of which were unannounced.

As part of the ongoing review of governance and oversight, the provider had appointed an internal auditor whose remit, the inspector was informed would be over finances. In addition, the provider was progressing with the setting up of a human rights committee and assisted decision making reference group to ensure the ongoing effective support was available to all residents.

The provider had ensured an annual review had been completed. The most recent report was completed by the person in charge and assistant manager in February 2024. It reflected progress made by the residents and staff team during 2023. However, while reference was made that positive input from stakeholders was received and service users experiences were also positive, the reflections of family representatives and service users were not clearly referenced. The report did not give details of the number of service users and family representatives that had participated in the responses reviewed/included in the report. The inspector acknowledges that this had been brought to the attention of the person in charge in advance of this inspection.

All actions identified during any of the audits completed were logged on the provider's electronic management system which ensured there were time lines for the actions to be completed and the person who was responsible. For example, the most recent internal six monthly audit completed by the provider in March 2024 had identified a number of actions, some had been repeat findings. The inspector acknowledges actions had been taken where repeat findings had been identified but the auditor required additional changes to be made. At the time of this inspection all actions apart from some decorative requirements to the premises had been closed out within the audit time lines. The decorative upgrades were not due to be completed until September 2024 and the person in charge was actively progressing with the required works at the time of this inspection.

However, on review of the provider's most recent internal six monthly audit, the inspector noted the auditor had informed the person in charge in advance of the audit taking place. While the person in charge was informed at the end of the working day prior to the audit taking place this was not an unannounced provider audit as required by the regulations. The inspector acknowledges that the provider had conducted other unannounced specific purpose audits in the previous 12 months but at the time of this inspection an internal audit had only been conducted in March 2023 and March 2024 in the designated centre. This time line is 12 months apart. Both of these audits had been announced the day before the audit commenced. This was reflected in the summary of the audit findings given to the inspector to review. This was discussed during the feedback meeting at the end of the inspection.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had a contract of care provided to them on admission to the designated centre.

The person in charge ensured all residents were provided with an up-to-date contract of care annually. An easy to read version of the contract was provided to each resident which had been signed by the person in charge and a number of

family representatives had also signed these contracts. Where possible residents had also signed their own contract which had been explained to them by their key worker in advance. This was documented in one of the personal plans reviewed by the inspector during the inspection.

The contracts clearly outlined the fees which were payable by the resident. The inspector did review the fees outlined for each resident, and the rationale for these was provided by person in charge and the person participating in management during the inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had ensured written notice had been submitted to the Chief Inspector as required by the regulations, these included the reporting of adverse incidents and quarterly notifications.

Since the previous inspection in 2022 there had been 25 three day notifications submitted. There was evidence of ongoing review and actions taken by the staff team to reduce the risk of similar incidents occurring. These were evident to be in place during the inspection and staff outlined the effectiveness of the current supports in place for residents. At the time of this inspection only one reportable incident had occurred in June 2024, and three between April and May 2024. This reflected a reduction in the frequency of adverse incidents occurring. It was evident concerns raised by residents themselves and family members were also listened too and acted upon.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had systems in place to ensure there was an accessible complaints

procedure for residents.

The inspector reviewed the complaints log of 2023 and 2024. Three complaints had been recorded and had been made by relatives of residents in receipt of services in the designated centre. One complaint made in 2023 related to the inability of a relative to contact a resident on the phone and the person also raised concerns if staff would encounter difficulty contacting emergency services. There was documented evidence of contact between the person in charge and the provider's information technology (IT) department to resolve the issue and the satisfaction of the complainant was documented.

However, two complaints were recorded during 2024. One complaint related to damage that had occurred to their relatives property in February. All of the damage had been repaired and actions taken to reduce the risk of similar incidents occurring. It was evident during the inspection the measures put in place had effectively reduced the risk as no further incidents had occurred since. The inspector noted the satisfaction of the complainant was not documented.

Another family member had raised a number of concerns regarding the service in their written response to the provider's annual service provision questionnaire sent to family members. The person in charge acknowledged the concerns raised by the complainant and the issues were logged as a complaint. The matter was escalated in line with the provider's processes. An investigator officer was appointed to review the concerns raised and a written response sent to the complainant by registered post. While the inspector was informed of additional actions taken to seek a response from the complainant, these were not recorded on the complaint log and the satisfaction of the complainant was not documented.

The provider had introduced a new template to process complaints received in 2024 but there was no option evident at the time of this inspection for the satisfaction of the complainant to be recorded, which is a regulatory requirement. This was discussed during the feedback meeting at the end of the inspection.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Every effort was being made to respect each resident's privacy and dignity. Residents were encouraged to build their confidence and independence, and to explore different activities and experiences. However, not all residents had access to their finances or arrangements in place to have financial accounts in their own name. The inspector acknowledges, the staff team were advocating on behalf of residents to have supports available to them to manage their financial affairs. In addition, the design and size of the communal space in one cottage supporting two residents was limited. One resident was required to go to

another community location of some activities which they could not do on the grounds of the designated centre if there was poor weather conditions.

It was evident from observations made by the inspector and a review of documentation throughout the inspection, the staff team consistently ensured each resident was being supported to engage in preferred activities, have a routine that suited their assessed needs and had their voice heard. Staff were able to outline individual goals, positive progress made in recent years by residents they were supporting and the overall progression of the services being provided in the designated centre. Residents were frequently using local public transport services, socialising in local towns and the city. The progress of individual goals were documented with monthly updates in some cases. For example , one resident had requested a television with specific functions for the conservatory area where they spent a lot of their time. This was observed to be in place on the day of the inspection.

In addition, staff had ensured residents had received additional input and specialist supports where required, this included mental health services. Residents were supported to avail of on-site reviews from health and social care professionals including their general practitioner (GPs), a regional dentist and a psychiatrist where required. Some residents experienced increased anxieties if they had to attend a clinic off site. The ability for residents to be reviewed within the designated centre was a positive outcome for the residents. One resident was reviewed every three months by a consultant psychiatrist as required as part of their documented supports needs This resident was reported to be responding well to the care and supports being provided to them in the designated centre. The inspector was informed the provider continued to link with the Health Service Executive (HSE) regarding the future service provision for this resident.

The provider and HSE were aware of the skill mix of staff required to support the assessed needs of this resident. Staff supporting the resident at the time of this inspection demonstrated their knowledge of what ongoing monitoring was required to support the resident. This included taking steps to support the resident to maintain an electrolyte balance and what actions needed to be taken immediately if the levels went below an acceptable level for the resident. The resident appeared relaxed and content with the staff supporting them and their family were also reported to be happy with this resident's progress in the designated centre. The person in charge outlined to the inspector that staff would continue to support and advocate for the resident to ensure the resident was able to live in a location that best suited their assessed needs.

The input of the behavioural support specialist was also reflective of the specific supports required by the residents. The specialist spent time with each resident, engaged in activities such as swimming and updated behavioural support plans which clearly highlighted changes for staff to take note of when reviewing updated support plans. These plans contained pro-active measures and suggestions for staff to support residents. These included ''concrete rules'' for example, which guided staff to support a resident who had a tendency to hoard items. Staff guided the resident to finish items such as toiletries and discard the container before replacing

the item. This had assisted in reducing anxieties for the resident.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included writing, using phones and electronic tablet devices.

The staff team were familiar with the preferred methods of communication used by each resident. Visual schedules were evident in many areas throughout the designated centre including of the staff team supporting, planned activities and meal planning.

In addition, one resident was unable to express when they were experiencing pain. The speech and language therapist worked with the resident to develop a bespoke pain chart which assisted the resident to effectively communicate. It included how they were feeling, if they had pain what type and where it was located on their body. It also gave the resident options of what they could do to address the pain, such as lie down, taking a shower or applying gel to the affected area. The resident drew their own body map as part of the pain chart.

Residents also had access to telephone, television and Internet services.

Judgment: Compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes in their home or arrange to meet in community locations.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had endeavoured to ensure residents were supported to have access to and retain control of their property and possessions. Effective systems were put in place to ensure no resident adversely impacted the personal property or possessions of other residents.

Each resident had adequate storage space in their bedroom or nearby location for

their property, in line with their assessed needs and preferences.

However, while all residents were being supported with arrangements regarding their finances, some arrangements referred to residents "pocket money" or "weekly allowance". The staff team outlined that residents were not impeded from accessing activities or events due to finances and that any monies required by the residents were provided when requested. The inspector was informed at the time of this inspection not all residents had a financial account in their own name. The person in charge had ensured financial records for all residents had been maintained. This was evident in the five personal plans reviewed by the inspector. The inspector acknowledges that this was an issue that the staff team and provider were seeking to resolve at the time of this inspection and had been identified in the provider's own internal audits.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Following a review of the five residents' personal plans and the communication books of two other residents, it was evident they were supported to engage in a range of meaningful activities both within the designated centre and in the community. They were supported by a dedicated consistent staff team to experience new opportunities, which included going to the beech or other scenic areas, attending large social areas in the community and assisting with gaining more independence with everyday activities, such as meal preparation, tasting new foods, and assisting with household chores where possible. For example, one resident in the main house had their own dedicated kitchen space where they could prepare their own food and eat their meals, which better supported their assessed needs. This did not adversely impact the other four residents living in the same house as they had full access to the large kitchen in the house

Residents were being supported to develop and maintain personal relationships and links with the wider community in accordance with their wishes. This included regular phone calls with relatives, visiting local services such as hair dressers and barbers and using public transport options if they wished to do so. Some residents also had weekly planned visits with family members in their family home for a pre-arranged length of time.

The person in charge had ensured residents were supported to access opportunities for education and training which included horticultural and woodwork programmes. For example, the inspector observed a number of residents had unique mirrors with wooden frames in their bedrooms. These were shaped in the profile of each resident, who had been supported to part take in the construction and decoration of their own mirror. Another resident was accessing a day service in a nearby local town two days each week and residents were supported to attend yoga and

spinning classes frequently if they wished to do so.

Judgment: Compliant

Regulation 17: Premises

The buildings in this designated centre were found to be clean, well ventilated and comfortable. Areas were brightly decorated to reflect the interests of the residents.

Residents had access to external garden spaces and other communal spaces on the grounds of the designated centre which included the horticultural area, woodwork and external exercise equipment.

The provider ensured ongoing review of each location through weekly and monthly environmental audits. General maintenance issues were documented and addressed in a timely manner, this included painting and general upkeep of the buildings and surrounding grounds.

Individual cottages and the main house were for the most part designed to suit the assessed needs of the residents living there. For example, the main house had two sitting rooms, an activity room and a sun room where the five residents could spend time engaging in preferred activities and meet friends. Six of the seven cottages were designed to support the residents living there at the time of the inspection. This included two cottages that had additional space added onto their their living space. However, the communal indoor space available to two residents living in one of the cottages was limited and impacted on their ability to engage in preferred activities in their home at times, in particular during periods of poor weather. The inspector acknowledges that this issue had been identified by the provider in advance of this inspection, but the issue remained unresolved.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. In addition, centre specific risk assessments were subject to regular review by the person in charge with the most recent taking place in June 2024. There were no escalated risks in the designated centre at the time of this inspection.

Residents also had individual risk assessments in place to support their assessed needs. These assessments were also subject to regular review with evidence of additional control measures in place when required. For example, one resident had a fall and their risk assessment was reviewed post the incident with staff ensuring the

resident had appropriate footwear on when mobilising both internally and externally.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured all residents were effectively protected from health care associated infection with practices in place consistent with the standards for the prevention and control of health care associated infections.

Residents were supported through easy-to-read documentation and signs to practice safe hand hygiene

The provider had ensured all actions identified during the previous inspection in June 2022 had been addressed.

Ongoing monitoring of water outlets for legionnaires disease were completed by an external contractor.

Damaged surfaces to furnishings and fixtures were addressed immediately. For example, on the first day of the inspection, the inspector observed damage to the surface of a mattress. The staff were aware the damage had occurred. A temporary resolution was applied in the form of a waterproof patch while a replacement mattress was sourced. The inspector was shown photographs of the temporary repairs completed.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety equipment was subject to regular checks by an external company including quarterly inspections and annual certification of the fire alarm and emergency lighting systems.

The provider had ensured a detailed fire risk assessment was completed in June 2024 for all areas of the designated centre. This included a review of the premises, staff knowledge, fire drills, fire equipment and fire safety checks being done in the designated centre. No major actions were identified by the auditor. All actions had been completed and progressed by the person in charge at the time of this inspection, which included replacements of two heating boilers that had been scheduled prior to the audit.

The provider had protocols in place for fire safety checks to be completed which included daily, weekly and monthly checks. Actions identified were evidence to be addressed on the same date in most instances. For example, if a fire door was not closing correctly or a door lock was stiff, the issue was documented and dated as been resolved on the same date in the sample of records reviewed by the inspector.

During the walk about of the designated centre. The inspector observed a gap around pipe work entering into the attic space in one of the cottages. The person in charge ensured the issue was reviewed by appropriate staff in the maintenance department and resolved the same day. The inspector was shown a photograph of the completed work during the inspection.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. Residents' keyworkers and team leaders completed these reviews. These PEEPs detailed the supports required by each resident to evacuate the building, in particular if a resident required prompting and additional support. Objects of reference or preferred food items were also documented in the PEEPs to help reduce anxiety levels for some residents in the event of them requiring to evacuate in an emergency situation.

One resident had indicated their reluctance to evacuate during a fire drill in September 2023. An action was to increase the frequency of drills to monthly for this resident to support effective evacuation from their single occupancy cottage. This was reduced to bi-monthly in March 2024 after a review where the resident was actively participating. Updated risk assessments and control measures where documented. This included the safe evacuation of the resident in the event they refused to safely evacuate if a fire was to occur. Also guidance was in place for staff to move the resident away from the site of a fire, close any doors and not compromise the safety of the resident, other residents or their own safety.

Minimal staffing drills had been documented as being completed in all locations in the designated centre. The inspector noted the person in charge had requested such drills be completed by sending an email to all of the team leaders. However, the minimal staffing drill completed in the main house on 14 September 2024 occurred when only four of the five residents were present. This was outlined during the feedback meeting that minimal staffing fire drills need to be carried out with the maximum number of residents present. Some of the records of fire drills completed during June and July 2024 were also noted to have gaps in the documentation which included the duration or time of the drill taking place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The Inspector reviewed five personal plans over the course of the inspection. The inspector was informed that all of the personal plans would be updated to a new

format introduced by the provider. One of the personal plans had been updated to the new format which the inspector reviewed.

Each resident had an assessment of need and personal plan in place that were person-centred. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents had been consulted in the development of their personal plans. For example, specific routines which were important for residents were included in daily/weekly schedules. This included supporting a resident to complete an activity in the garden space before they began their morning routine. The inspector observed the resident engaging in that routine on the second morning of the inspection. Another resident who had difficulty with time keeping was supported to have their breakfast in bed to assist with them progressing with their morning routine.

Assessments and plans were being regularly reviewed and updated taking into account changes in circumstances and new developments. The provider and person in charge had ensured that all residents' personal plans included their goals, in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews.

Each resident had an everyday living plan that was subject to regular review and guided staff in the ongoing supports required by each individual. Residents had their favourite activities included in their weekly plan such as going into the local community and visiting cafes and scenic locations. Residents were also supported to enjoy swimming, woodwork, horticulture and walks frequently. One resident had been observed by staff to have indicated they didn't enjoy their walks in the weeks prior to this inspection.The staff team had identified alternative social activities such as visiting peers to assist with providing meaningful options during this period.

A detailed assessment by a clinical nurse specialist in mental health had also been completed for one resident. While no medical changes to their care were considered appropriate at that time, environmental changes that may be of benefit were awaited by the staff team at the time of the inspection which may be of assistance in supporting the resident. The inspector was informed another resident was also scheduled to have a similar review by the same clinical specialist in the weeks after this inspection. This was described as a positive outcome for the residents and informing the staff team of the best supports to provide to meet the assessed needs of these residents. ,

Residents had copies of their weekly schedules available in a format that was accessible to them.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured residents were supported to attend health and social care professionals such as GPs and dentists, when required.

Specific psychiatric reviews for one resident were occurring as frequently as being required.

Input from the multidisciplinary team including speech and language therapist were also available.

Nursing input was sought when required by residents. The provider ensured oversight by their own clinical lead who had visited the designated centre in November 2023 and was present for the first day of this inspection completing a planned review of all residents' health care plans. Actions identified during health related audits were speedily addressed by the person in charge. This included ensuring that two staff reviewed and co-signed all medications administered. This was in place since a medication audit was completed and had resulted in a decrease in the number of documentation errors in recent months. Ongoing review by the person in charge and the team leaders was evident in the minutes of staff meetings that had taken place since then as reviewed by the inspector.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed.

Behaviour support plans were found to be subject to regular and recent review by the behaviour support specialist for residents who required such supports. These plans were documented and updated to ensure staff were knowledgeable of the most up-to-date supports required for residents.

Staff were aware of proactive strategies in place for individual residents which included a specific token plan to support one resident daily.

The provider ensured ongoing review of restrictive practices that were in place for some residents, with reductions in restrictions also evidenced, which included the reduction in locked presses for some residents or trial periods to access how residents coped with changes. Where doors were required to be locked these periods of time were for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

All staff had attended training in safeguarding of vulnerable adults. One staff was scheduled to attend refresher training on return from leave. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

There was one open safeguarding concern at the time of this inspection with measures in place to address this and reduce the risk of similar incidents occurring

Residents were provided with information relating to a range of safeguarding topics including in an easy-to-read format, Safeguarding was also discussed regularly at resident meetings.

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during care routines.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents were being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through their meetings and discussions with staff.

The provider had resources in place to support each resident to have one-to-one staffing support to attend their preferred activities regularly. In addition, residents were also supported to part take in group activities such as going to a cafe or attending social events. There were photographs throughout the designated centre which showed the residents smiling while visiting different locations or part taking in preferred activities. Residents had daily and weekly planners which were reflective of personal interests while ensuring attendance at their day service if they wished to attend.

Residents were being supported to attain skills to increase their independence such as cooking and personal care.

Adequate transport vehicles were available to support residents as well as easy access to local public transport.

Residents and their families had been consulted about their wishes regarding their end-of-life plans and these were documented and subject to annual review to reflect any changes residents may wish to make. These documents were in an easy-to-read

format and some were signed by the resident themselves.

Advocacy services were also available to support residents if required.

While there were various arrangements in place to support residents with their financial affairs, not all residents had financial accounts in their own name or access to their finances. This is addressed under Regulation: 12: Personal possessions.

Most of the residents were supported to live their lives in areas with adequate personal and living space. However, the living space available to two of the residents who lived together in one cottage required further review. This is addressed under Regulation 17: Premises.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Greenville House OSV-0002113

Inspection ID: MON-0043037

Date of inspection: 17/07/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Person In Charge will ensure to clearly reference the reflections of family representatives and service users in the next annual review of the service in February 2025. The Person in Charge will also ensure to capture the number of service users and family representatives that participates in the responses in the annual review. Date: 28/02/2025 • Praxis Care Quality and Governance department have clarified that the internal audit process sits outside the six monthly regulatory reporting process and does not need to be unannounced. • Monthly audits are completed by the Head of Operations are carried out as part of the regulatory six monthly process. The Registered Provider will ensure going forward that these are unannounced as required by the regulator. Date 30/09/2024	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • The Person in Charge will ensure to document the satisfaction of the complainant and file with the complaint until the online complaints form has been updated as detailed above. Completed on: 22/08/2024	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: • The Person in Charge will meet with each resident's family representative to support resident's to access their finances. The Person In Charge will seek the support of the	

National Advocacy Services if required. Date: 31/12/2024

• Following meetings with families and advocacy services where required, individual plans will be devised by the Person in Charge to ensure that residents are supported to access their finances. Date: 30.04.2025

• The Person in Charge will ensure that plans for service users to access finances will include that the service user and Person in Charge will have access to bank statements for appropriate reconciliation and oversight of expenditure. Date: 30.04.2025

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The Registered Provider will ensure the premises of the designated centre is designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

• The Person In Charge is currently working with an architect to have plans drawn up to expand the premises to ensure the layout is in line with the needs of the service users who reside there. Until this is resolved the service users will continue to be encouraged to utilize available spaces on the Greenville campus or in the greater community. Date: 01/09/2025

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• The Registered Provider has ensured a minimum staffing fire drill has been completed in the identified property as per the regulations. Completed on: 22/08/2024

• The Person In Charge will ensure that all fire drill records are completed in full to include the duration of the fire drill and the time it took place. Completed on 22/08/2024

• The Person Participating In Management will ensure to review these records during monthly monitoring visits. Date: 30/09/2024

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/04/2025
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	01/09/2025
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall	Substantially Compliant	Yellow	28/02/2025

	carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
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	30/09/2024
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	22/08/2024