

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

Issued by the Chief Inspector

Name of designated centre:	Brookfield
Name of provider:	Praxis Care
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	20 March 2024
Centre ID:	OSV-0005686
Fieldwork ID:	MON-0033872

About the designated centre

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

Brookfield is a community home for up to five adults with an intellectual disability. The service can support both male and female residents. The house is located in County Dublin and is a two-storey detached home with six bedrooms. It has been recently renovated to meet the needs of residents residing in the centre. Each resident has their own bedroom with an en-suite bathroom. There is a sitting room, quiet room, downstairs toilet and a spacious kitchen/dining/living area. There is also a separate utility room in the back garden. The back garden has been adapted to meet residents' needs. The house is located in close proximity to public transport and a wide variety of social, recreational, educational and training facilities. The house is social care led and residents are supported 24 hours a day, seven days a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 20 March 2024	10:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents living in the centre received care and support which met their assessed needs.

The centre comprised of a six bedroom detached house. It was located in a quiet housing estate within walking distance of shops and other local amenities. There were four residents living in the centre who had been living together for an extended period. There was one vacancy at the time of this inspection. There were appropriate governance and management systems in place which ensured that appropriate monitoring of the services provided was completed in line with the requirements of the regulations.

On this inspection, the inspector met briefly with each of the four residents living in the centre. Each of these residents told the inspector that they were happy living in the centre and were evidently proud of their home. Warm interactions between the residents and staff caring for them was observed. A staff member was observed to adjust a resident's clothing in a kind and supportive way before they went out for a walk. A resident was observed to enjoy a cup of tea with staff while chatting and laughing about various things. Three of the residents were met with, on their return from their day service programme. The fourth resident was observed going out for a walk with staff to a charity shop to purchase a CD which was a passion of theirs. Each of the residents appeared in good form and comfortable in the company of staff.

There was an atmosphere of friendliness in the centre. Numerous photos of the residents and their family members were on display. Some art work and pottery completed by one of the residents was also on display. Staff were observed to interact with residents in a caring and respectful manner. For example, staff knocked and sought permission to enter a resident's bedroom. Residents were assisted to prepare snacks. A number of the residents were reported to independently go to the shop to get their weekly supplies.

The centre was found to be comfortable, accessible and homely. However, some worn paint mainly on woodwork was observed in a small number of areas. Also worn surface was seen on the hand bar in one of the resident's en-suite bathrooms. There was a medium sized, accessible and well maintained garden for the resident's use. This included an outdoor seating area. There was also a small separate building at the back of the centre which was used as a laundry room for residents use. It also housed a pool table but it was reported this was infrequently used by the residents. The centre was spacious and accessible with a good sized kitchen, dining and sitting room area. There was also a separate smaller sitting room area. Each of the residents had their own en-suite bedroom which had been personalised to their own taste. This promoted the residents' independence and dignity, and recognised their individuality and personal preferences.

Residents and their representatives were consulted and communicated with, about decisions regarding the residents' care and the running of the house. There was evidence of regular house meetings with the residents and discussions regarding their needs, preferences and choices in relation to activities and meal choices. The inspector did not have an opportunity to meet with the residents' relatives but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with relatives as part of their annual review which indicated that they were happy with the care and support being provided for their loved ones. Residents had access to an advocacy service if they so wished.

The residents were actively supported and encouraged to maintain connections with their friends and families. In general there were no restrictions on visiting in the centre with the exception of where there were identified safeguarding concerns.

The residents were supported to engage in meaningful activities in the centre, although some residents were reluctant to engage in many activities. Three of the four residents were engaged in a formal day service programme which it was reported that they enjoyed. The fourth resident had chosen not to engage in a day service programme but was supported to engage in some activities of their choosing by staff and independently. Examples of activities engaged in by residents included, walks to local scenic areas, computer games, listening to music, meetings with family and friends, meals out, shopping and social clubs. One of the residents was an avid fan of a well known international football club and participated in a local gaelic football club. There were some safeguarding concerns in relation to one of the residents access to the community. However, suitable safeguarding plans and measures had been put in place. The centre had an accessible vehicle for use by the residents.

The majority of the staff team had been working in the centre for an extended period. This meant that there was consistency of care for the residents and enabled relationships between the residents and staff to be maintained. The inspector noted that the residents' needs and preferences were well known to staff met with, and the person in charge.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to the residents' needs.

The centre was managed by a suitably qualified and experienced person. She held a bachelor of arts degree, a higher diploma in social policy and a certificate in

leadership and management. She had only taken up the position in March 2023 but she had more than four years management experience. The person in charge had a good knowledge of the assessed needs and support requirements for each of the residents. She was in a full-time position, but was also responsible for one other centre located nearby. She was supported by a team leader who at the time of this inspection was covering for both of the centres for which she held responsibility. However, recruitment was in the final stages for a new team leader so that each of the centres would have their own dedicated team leader. The person in charge was found to have a good knowledge of the requirements of the regulations. She had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the head of operations, who in turn reported to the director of care and operations. The person in charge and head of operations held formal meetings on a regular basis.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations. The person in charge had undertaken a number of other audits and checks in the centre. Examples of these included, medication management and health and safety checks and audits. There were regular staff meetings and separate management meetings with evidence of communication of shared learning at these meetings. The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. At the time of inspection the full complement of staff were not in place as there was one whole time equivalent staff vacancy. This was being covered by regular relief staff. The majority of the staff team had been working with the residents for an extended period. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role. There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. There was one whole time equivalent staff vacancy at the time of inspection but this was being covered by regular relief staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff had attended all mandatory training. Suitable staff supervision arrangements were in place.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations. There was a quality enhancement plan in place.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, which had recently been reviewed and found to contain all of the information set out in schedule 1 of the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All record of all incidents that occurred in the centre were maintained. Adverse events and incidents as listed in the regulations were reported within the prescribed period to the office of the Chief Inspector of Social Services.

Judgment: Compliant

Quality and safety

The residents living in the centre, received care and support which was of a good quality and person centred. There were some safeguarding concerns in relation to one of the residents access to the community and behaviour in the centre. However, suitable safeguarding plans and measures had been put in place.

A care plan and personal support plan reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. An annual review of the personal plans had been completed in line with the requirements of the regulations.

There were measures in place to protect the residents from being harmed or suffering from abuse. The behaviours of a small number of the residents could on occasions be difficult for staff to manage in a group living environment but overall incidents were considered to be well managed. Safeguarding plans were in place for residents identified to require same. The provider's behavioural therapist provided regular support for the residents and staff team. Allegations or suspicions of abuse were appropriately responded to. The provider had a safeguarding policy in place. Intimate care plans were in place for residents identified to require same which provided sufficient detail to guide staff in meeting the intimate care needs of residents.

The health and safety of the residents, visitors and staff were promoted and protected. There was an identified health and safety risk in the centre due to the behaviours of one of the residents. Preventative control measures had been put in place and were subject to regular review. There was a risk management policy and environmental and individual risk assessments. These outlined appropriate measures in place to control and manage the risks identified. There was a risk register in place. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidences.

Precautions were in place against the risk of fire. Fire drills involving each of the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner. It was noted that one of the residents on occasions would refuse to evacuate but that a one to one session and debrief would be held with the resident. There was documentary evidence that the fire fighting

equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of the residents in the event of fire was prominently displayed. The residents had a personal emergency evacuation plans which adequately accounted for the mobility and cognitive understanding of the individual residents.

There were procedures in place for the prevention and control of infection. The inspector observed that all areas appeared clean, although some maintenance to paintwork in some areas was identified as required, as referred to below. A cleaning schedule was in place which was overseen by the person in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control had been provided for staff.

Regulation 10: Communication

Each of the residents in the house used verbal communication and were actively encouraged and supported to communicate their needs and aspirations. Each of the residents had access to a television or video player in their bedroom and in the communal sitting room.

Judgment: Compliant

Regulation 13: General welfare and development

Each of the residents had opportunities to participate in activities of their choosing in accordance with their interests, capacities and developmental needs. Three of the four residents were engaged in a formal day service while the fourth resident had chosen not to participate in a day service. This resident was considering seeking employment and other opportunities.

Judgment: Compliant

Regulation 17: Premises

The centre was found to be homely and suitably decorated. The centre was spacious with a good sized kitchen, come dining and sitting room area. In addition there was a separate smaller sitting room area which had recently been refurbished to include sensory lighting, sound system and a lava lamp. Each of the residents had their own

en-suite bedroom which had been personalised to their own taste.
Judgment: Compliant
Regulation 26: Risk management procedures
The health and safety of the resident, visitors and staff were promoted and protected. A behaviour of one of the residents which posed a safety risk had been appropriately risk assessed and preventative controls put in place. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.
Judgment: Compliant
Regulation 27: Protection against infection
There were procedures in place for the prevention and control of infection. The inspector observed that all areas appeared clean, although some maintenance to paintwork in some areas was identified as required. A cleaning schedule was in place which was overseen by the person in charge. Specific training in relation to infection control had been provided for staff.
Judgment: Substantially compliant
Regulation 28: Fire precautions
Suitable precautions were in place against the risk of fire. It was noted that one of the residents on occasions would refuse to evacuate but that a one to one session and debrief would be held with the resident. Fire drills involving the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The residents' well being, protection and welfare was maintained by a good

standard of evidence-based care and support. A personal plan for each of the residents was in place, with an additional plan in an accessible format. An annual review of the personal plans had been completed in line with the requirements of the regulations.

Judgment: Compliant

Regulation 6: Health care

The residents' healthcare needs appeared to be met by the care provided in the centre. Health plans including dietary assessment and plans were in place. There was evidence that the residents had regular visits to their general practitioners and other allied health professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents appeared to be provided with appropriate emotional and behavioural support. There were documented reactive strategies in place to guide staff in supporting the residents to deal with identified activities. The behaviours of a small number of the residents could on occasions be difficult for staff to manage in a group living environment but overall these incidents were considered to be well managed.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to keep residents safe and to protect them from abuse. There were some safeguarding concerns in relation to one of the residents access to the community. However, suitable safeguarding plans and measures had been put in place.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The residents' rights were promoted in the centre. Residents' had access to an advocacy service. There was evidence of consultations with the resident and their family regarding their care and the running of the house. Advocacy, safeguarding, human rights are standing agenda items at residents monthly meetings.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookfield OSV-0005686

Inspection ID: MON-0033872

Date of inspection: 20/03/2024

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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>PIC will correspond with Property Dept.of Praxis Care and ensure that painting as identified on the day of the inspection are completed by a contractor</p> <p>PIC to ensure that new holder for shower head is purchased as currently one shows signs of rust</p> <p>These works will be completed by May 31st 2024</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>As identified in the report measures are in place re the safeguarding of a service user and access to the community.</p> <p>PIC and staff to continue to follow local protocol when service user accesses community and maintains in regular phone contact with him. PIC and staff team to contact family member and if service user does not return home as per protocol by 11pm staff are to call the Gardai.</p> <p>In place as per the writing of the compliance plan - 11/04/2024</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/05/2024
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	20/03/2024