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:	Blackberry Lodge
Name of provider:	Praxis Care
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	27 October 2021
Centre ID:	OSV-0007965
Fieldwork ID:	MON-0032785

About the designated centre

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

Blackberry lodge provides a full time residential service to five adults, male and female, with intellectual disability, mental illness, autism, behaviours that challenge, additional communication needs and/or other health needs as required. The premises is a two storey building situated in a rural area in Co.Wexford on a large site with garden to the back and side of the residence. The centre has a kitchen/dining room, a utility room, one large sitting room, two lounges, a sun room, six bedrooms all en-suite and one downstairs bathroom. The staff team comprises of social care workers and support staff. Further therapeutic supports are available to residents through HSE referrals. The team is supported by a person in charge and team leader. Local amenities to the centre include beaches, shops, cafe's, cinema's and sports facilities

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 27 October 2021	10:00hrs to 17:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

This inspection was unannounced and there were two residents living in the centre on the day of inspection. The centre had been registered for six months and this was the centres first inspection. The inspector had the opportunity to meet with the two residents on the day of inspection. Residents used both verbal and non-verbal methods to communicate their views. The inspector aimed to determine some of the residents' views and experiences through observation, documentation review, conversations, and interactions with staff and residents. Overall the inspector found that residents enjoyed a good quality of life since moving to the centre.

The inspector completed a walk around the centre at the start of the inspection day. The premises was designed and laid out to meet the residents needs and was finished to a high standard. The premises was a two storey building situated in a rural area in Co.Wexford on a large site with garden to the back and side of the residence. A trampoline was observed in the garden of the centre. The centre had a kitchen/dining room, a utility room, one large sitting room, two lounges, a sun room, six bedrooms all en-suite and one downstairs bathroom. Both resident had their own room decorated to a very high standard, and there was plenty of space throughout the centre to fully meet the support needs of residents.

Residents were supported by a staff team of social care workers and support workers. The centre had a full time person in charge who shared their role with one other centre and a team leader. The inspector observed resident and staff engagement which was found to be responsive and respectful, and interactions with staff were seen to be caring and attentive. The inspector found through conversations with staff that staff appeared familiar with residents needs.

Residents appeared to be supported to engage in daily individualised activation. The inspector observed one resident playing music in their room on the morning of the inspection day. The inspection took place on a rainy day and both the residents decided to go out to the cinema in the afternoon with support from staff. Mealtimes appeared to be a pleasant experience for residents. Residents were offered choice and preferences were facilitated and residents often went out to enjoy meals and cups of coffee in local restaurants.

Some restrictive practices were in place around the centre and these were secondary to identified risks. Residents presented with some behaviours that challenge and appeared well supported to manage these behaviours with appropriate access to multi-disciplinary support. To date residents appeared to be compatible living together in the centre and safeguarding incidents were minimal.

The inspector observed that some improvements were needed in the areas of staff training, oversight of staff files, governance and management, and contingency planning which is detailed in other sections of this report. The provider and person in charge had self identified this and communicated on the day of inspection that

staff shortages had contributed to these issues, with the person in charge often filling shifts to ensure residents needs were met. Residents did appear to be well supported and continued to enjoy meaningful days, despite these areas of non compliance. The centre had three vacant rooms on the day of inspection and the person in charge communicated that no further residents would be admitted to the centre until the staffing shortages were addressed.

The next two sections of the report present the findings of this inspection related to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered to each resident living in the centre

Capacity and capability

This inspection was unannounced and was the centres first inspection since registration. The findings of the inspection indicated that the provider had the capacity to operate the service in compliance with the regulations. However some areas in need of improvements were also identified in relation to staffing, training, governance and management and infection control.

The centre had a clearly defined management structure, which identified lines of authority and accountability. There was a full time team leader and a full time person in charge who shared their role with one other centre. Staff were clear with regard to their roles and responsibilities. The staff team consisted of social care workers and support workers. While strong systems were in place to promote a safe and high quality service, staffs capacity to implement systems was limited at times due to staff shortages. The centre was experiencing a number of staff vacancies and the provider was actively recruiting to fill these on the day of inspection. The person in charge was regularly filling shifts to ensure residents minimum support requirements were always met. Any new admissions to the centre were on hold until further staff support was available.

Staff training was provided to meet the resident's needs. The training was provided in areas including medication management, infection control, manual handling, behaviour management, safeguarding, infection control, first aid and fire safety. Some training was being facilitated online secondary to COIVD-19. From a review of staff files and training records, it was identified that further management oversight was needed to ensure that all Schedule 2 documents were in place prior to staff working in the centre and to ensure that all staff training records were up-to-date. Furthermore, there was consistent use of agency staff to full vacant shifts, this did not always facilitate continuity of care for residents as further detailed under regulation15. Overall, while residents appeared happy and well supported in the centre, staffing shortages were impacting a number of areas which contributed to some non compliance's with the regulations on the day of inspection.

Regulation 15: Staffing

Improvements were required in the area of staffing in the centre. The centre maintained a staff rota of staff on duty. Residents had high support needs and staff support was provided in line with these needs at all times. The centre had a number of staff vacancies on the day of inspection. At times the person in charge was filling shifts. The centre used a high levels of agency staff to fill vacant shifts and this did not always support continuity of care in the centre. At times, new staff members were not facilitated to be fully orientated to the centre before working with residents and this posed a risk to residents with complex needs. The centre was not accepting the admission of any new residents to the centre on the day of inspection due to staffing shortages. Staff meetings were not always taking place monthly in line with service policy, the person in charge communicated that again this was due to staff shortages.

The inspector reviewed a sample of staff personnel files and found that the provider did not have full oversight of Schedule 2 documents for agency staff working in the centre at all times. It was found that one agency staff member had no evidence of Garda Vetting and one staff member did not have a second reference from a previous employer of history of previous employment.

Judgment: Not compliant

Regulation 16: Training and staff development

A programme of training was taking place for all staff working in the centre. This included training in areas including manual handling, safeguarding, behavioural support, infection control, hand hygiene, first aid, medication management, fire safety and food hygiene. Staff were also required to complete autism specific training in line with the residents needs and following a review of training records it was found that two staff and not completed this. It was also observed that one staff had no record of manual handling training.

While the person in charge had completed some supervision with staff, one to one formal supervision of staff was not taking place in line with company policy at all times.

Judgment: Not compliant

Regulation 23: Governance and management

The centre had a full time team leader in place and a person in charge who shared their role with one other designated centre. The centre was experiencing staff shortages and therefore the person in charge was filling shifts in both of the centres in their remit. This contributed to limited capacity to have full oversight of the operation of the designated centre. This was seen in areas including carrying out staff supervisions and having oversight of new staff members and staff training.

Furthermore the registered provider had not yet developed a full contingency plan for the management of the centre in the event of an outbreak of COVID-19. This did not ensure that the service provided would always be safe and effective to residents in the event of an outbreak in the centre.

There was evidence of regular auditing and review of the service provided with monthly thematic audits in areas including residents finances, medications and hand hygiene. A monthly monitoring report was completed by the person in charge and sent to the senior management team. As this was he centres first inspection and the centre had only been registered six months, an annual review of the care and support provided had not yet taken place.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints appeared to be managed well within the centre. The inspector noted the complaints procedure prominently displayed in an accessible version in the designated centre. Records of any complaints received were maintained and any complaints appeared to have been responded to in a serious and timely manner. Residents did not communicate any complaints with the inspector on the day of inspection.

Judgment: Compliant

Quality and safety

This was the centres first inspection and the inspector identified some areas in need of improvements to ensure that the service provided was always safe and effective to residents. Overall, the inspector found that despite staff shortages, residents were always provided with the minimum support requirements needed to meet their needs and they appeared happy and comfortable living in the centre. A review of care records found that residents were living meaningful lives with individualised support and daily activation.

During the inspection, the premises was found to be well maintained and clean. The

provider, person in charge and and staff working in the designated centre had adopted procedures for infection prevention and control and the management of the COVID-19 pandemic, which were consistent with national guidance for residential care facilities. Staff were observed wearing personal protective equipment (PPE) throughout the inspection. Regular temperature checks were being completed and hand washing facilities and alcohol gels were noted around the centre. However, it was noted that a centre specific contingency plan for in the event of an outbreak had not yet been developed as further detailed under regulation27.

Risk management systems were in place and this included safeguarding measures and fire safety measures. Residents were supported to manage their behaviours. Residents all had access to a behavioural specialist within the service, if required, who devised residents positive behavioural support plans. The residents were observed as happy to be in each others company.Some restrictive practices were in use in the centre and these appeared to be in place secondary to clear rationale and identified risks. The inspector noted one environmental restriction on the day of inspection which had not been noted as a restrictive practice.

Residents both had individualised assessment's of need and plans of care in place which were reflective of the care provided and regularly reviewed. Residents were well supported to engage in meaningful daily activation and were supported with personal goals.

Overall, while it was found that residents were well supported since their recent admission to Blackberry Lodge, staffing vacancies were impacting the centres levels of compliance in areas including regulation 15, 16, 23 and 27 and action was needed in these areas to ensure that the service provided was always safe. The service had self identified this and were actively recruiting on the day of inspection.

Regulation 17: Premises

The premises was designed and laid out to meet the residents needs and was finished to a high standard. The premises was a two storey building situated in a rural area in Co.Wexford on a large site with garden to the back and side of the residence. A trampoline was observed in the garden of the centre. The centre had a kitchen/dining room, a utility room, one large sitting room, two lounges, a sun room, six bedrooms all en-suite and one downstairs bathroom. Both resident had their own room decorated to a very high standard, and there was plenty of space throughout the centre to fully meet the support needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

While areas in need of improvements were identified on the day of inspection, the provider had systems in place to ensure that risks were managed well. This included a system of risk identification and control, a health and safety statement and a risk management policy. Both environmental and individualised risks had been identified and their control measures were stated. There was a centre risk register in place which identified all risks in the centre.

Resident had missing person profiles in place and personal emergency evacuation plans. Residents also both had individualised risk assessments and management plans in place. Risk assessments included identifying the risk, risk indicators, actions plans, levels of risk and any restrictive practices that may be used to mitigate these risks.

Judgment: Compliant

Regulation 27: Protection against infection

The centre was visibly clean and well maintained on the day of inspection. There were comprehensive cleaning schedules in place and colour coding systems to follow for clean and dirty areas of the centre. All staff had completed training in infection prevention and control.

The provider, person in charge and staff had taken a number of steps to ensure that residents were protected against a possible outbreak of COVID-19. Sufficient PPE was available at all times and there were additional stocks available for use should there be a confirmed or suspected case identified. A COVID-19 folder was in place in the centre with up-to-date national guidance readily available to staff.

Risk assessments were in place which considered risks in the centre secondary to COVID-19. A general service continuity plan was in place for in the event of an outbreak of COVID-19. However, the provider and management team had not yet developed a centre specific contingency plan for in the event of an outbreak of COVID-19 in the centre. The person in charge communicated that this was in the process of being developed on the day of inspection.

Staff had access to hand washing facilities and hand sanitising gels and staff were observed carrying out hand hygiene on a number of occasions. Mechanisms were in place to monitor staff and residents for any signs of infection. Easy read guidance documents had been developed for residents. The person in charge was completed regular hand hygiene audits with staff. However, to date there had been no full audit of infection prevention and control in the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety systems were in place in the centre. The inspector completed a walk around the premises and noted fire detection systems, containment measures, emergency lighting and fire fighting equipment located around the centre. Regular emergency evacuation drills were completed by staff and residents and these were demonstrating that residents could be safely and effectively evacuated in the event of a fire. Staff were completing regular fire safety checks and tests. and equipment was regularly checked and serviced by a fire specialist.

Both residents had personal emergency evacuation plans in place and these included a review of the residents abilities and capacities with regards to fire safety. Evacuation procedures and floor plans were observed prominently displayed in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Both residents personal plans and assessments were viewed and the inspector observed that residents were being supported with their emotional, social and healthcare related needs. As required, residents had access to a range of allied health care professionals, including GP services and behavioural support. Residents both had grab sheets with important information regarding their care and support for in the event of an emergency transfer. Plan reviewed areas including mental health needs, physical needs, communication needs and activities of daily living. Residents both had individualised daily planners in place which detailed their preferred activities.

Plans were reviewed and updated three monthly and residents also had an annual review of their care needs. There was a key working system in place in the centre and key workers were responsible for regularly reviewing and updating residents personal goals. Residents goals included settling into their new home and working on some independent living skills.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be well supported to manage behaviours that challenge. Residents had access to behavioural support and had up-to-date behavioural

support plans in place which guided staff on how to best support them. Plans included details of proactive and reactive strategies and staff were observed implementing these strategies on the day of inspection.

Some restrictive practices were in use on the day of inspection. The person in charge communicated that one environmental restrictive practice had recently been reduced for one resident and this was working well for them. One restriction was noted on the day of inspection which had not been recognised and assessed by the service as a restrictive practice. Rationale for the use of this practice was evidently to promote the residents safety, but was not recorded as such. Furthermore, the centre was not appropriately recording all uses of restrictive practices.

Judgment: Substantially compliant

Regulation 8: Protection

Residents appeared to be safeguarded in the centre. All staff had completed training in the safeguarding and protection of vulnerable adults. Residents had intimate care plans in place which appropriately guided staff to safely support residents with their personal care in a way preferred to them. Management had completed an interpersonal compatibility assessment with residents which considered the risk of abuse posed by peers. Action plans were developed to mitigate any risks identified from this assessment. Inventories of residents belongings were maintained and financial capacity assessments were also completed to determine residents support requirements when managing their finances.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Blackberry Lodge OSV-0007965

Inspection ID: MON-0032785

Date of inspection: 27/10/2021

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The registered provider has ensured ongoing recruitment campaigns have been held to provide consistent staffing levels in line with the assessed needs of residents. Date: 6.12.2021 • The PIC has rolling recruitment in place to ensure appropriate staffing levels are in place, with a consistent relief panel of staff, to meet the needs of any further admissions to the centre. Date: 31.01.2022 • The registered provider has ensured a new manager has been recruited for the centre who is supported by the PIC. Date: 29.11.2021 • The PIC has ensured that any new staff commencing in post have been and will continue to be enrolled on induction training and will be facilitated to attend further training as required. Date: 6.12.2021 • The PIC has a schedule of Staff meetings which are on the rota monthly. Date: 25.11.2021 • The PIC has obtained all Schedule 2 documents for all agency staff currently in use and these will be obtained prior to new agency commencing in service. Date: 28.10.2021	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The PIC has ensured that any new staff commencing in post have been and will continue to be, enrolled on induction training and will be facilitated to attend further	

training as required. Date: 6.12.2021
• The PIC has ensured that all staff have completed outstanding training in line with the assessed needs of residents. Date: 6.12.2021
• The PIC reviews the Training matrix and reports on compliance with mandatory training as part of the Monthly Monitoring Audit for this centre. 29.11.2021
• The PIC has ensured that Staff supervision is completed in line with organizational policy and there is a schedule of supervision for all staff. Date: 30.11.2021
• The registered provider has ensured all supervision rates are reported on a Quality & Governance MIS and reviewed regularly. Date: 30.11.2021

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The registered provider has ensured a new manager has been recruited for the centre who is supported by the PIC. Date: 29.11.2021
• The registered provider has ensured ongoing recruitment campaigns have been held to provide consistent staffing levels in line with the assessed needs of residents. Date: 6.12.2021
• The PIC has rolling recruitment in place to ensure appropriate staffing levels are in place, with a consistent relief panel of staff, to meet the needs of any further admissions to the centre. Date: 31.01.2022
• The PIC has ensured that Staff supervision is completed in line with organizational policy and there is a schedule of supervision for all staff. Date: 30.11.2021
• The registered provider has ensured all supervision rates are reported on a Quality & Governance MIS and reviewed. Date: 30.11.2021
• The PIC has developed a Full centre specific Covid 19 contingency plan and this is reviewed and updated in line with public health guidelines. Date: 28.10.2021

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• The registered Provider has ensured a Full centre specific Covid 19 contingency plan has been developed and this is reviewed and updated in line with public health guidelines. Date: 28.10.2021
• The PIC completes a Monthly review of infection prevention and control measures in

relation to Covid 19 and reports using Working Safely Operations Audit.
Date: 12.11.2021
• The PIC has completed the Self- assessment tool for Preparedness planning and infection prevention and control assurance, this will be updated every 12 weeks. Date: 11.01.2022
• During the Monthly Monitoring Report by Head of Operations, infection prevention and control measures are reviewed and reported on under Health & Safety and Property. Date: 29.11.2021

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• The registered provider has ensured a Full review and update of restrictive practices has been completed and the restrictive practice register will be reviewed quarterly by manager/PIC and Behavior Support Therapist. Date: 9.11.2021
• The PIC has developed Restrictive practice logs which have been introduced to record the appropriate use of restricted practices. Date: 9.11.2021

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/01/2021
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Orange	27/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional	Substantially Compliant	Yellow	06/12/2021

	development programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/11/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2021
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	11/01/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental	Substantially Compliant	Yellow	09/11/2021

	restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			