



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

## Issued by the Chief Inspector

Name of designated centre:	Station House
Name of provider:	Praxis Care
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	21 February 2024
Centre ID:	OSV-0008392
Fieldwork ID:	MON-0038925

## About the designated centre

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

Station house is operated by Praxis Care and is situated on the outskirts of a town in Co. Mayo. The centre provides full-time residential services for four adults, with intellectual disabilities, autism, and mental health issues. The centre comprises four bedrooms, all of which are en-suite, and communal bathrooms. There is a kitchen, dining room, spacious sitting room, two sensory rooms, and ample private space for residents. There is a garden to the rear of the centre and facilities at the front. Transport is provided to facilitate residents going on community activities. The staff team liaise with residents, multi-disciplinary members, primary carers and day services to provide residents with continuity of care. The staff team consists of a full-person in charge, manager, team leaders, support workers and assistant support workers. Staff are rostered daily and one sleepover staff to assist residents at all times. Staff are on duty with support from management 24/7.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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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 21 February 2024	10:30hrs to 17:15hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This inspection was an unannounced inspection conducted to review the centre's compliance with the regulations following the first announced inspection completed in July 2023. Overall, inspectors found that this centre is person-centred with a strong focus on residents well-being, goals and community integration. Small areas for improvement were identified during the inspection of which several were addressed on the day. This included, the roster clearly showing the presence of the person in charge and the directory of residents showing dates residents were not present or discharged from a centre as specified in the regulations.

On arrival to the centre, inspectors found a staff team occupied in supporting the morning routine of residents. One resident had left and was attending their community activities and day service as planned, and the other resident was engaging in a home based activities. The inspectors said hello to the resident and while he responded he politely declined meeting or speaking with inspectors as he was focused on his daily routine. Throughout the inspection, inspectors observed this resident in the centre, completing tasks such as laundry and was relaxed and focused on their activities. Inspectors found staff knowledgeable and familiar with the residents and their support needs but also the systems in place to support both residents.

The centre was a clean comfortable and a spacious home for up to four residents. The house was nicely furnished throughout and suitably laid out to meet the residents needs, was well kept, visibly clean and tidy throughout. Information was suitably displayed and the centre was personalised with pictures with plans to personalise the home further in line with the assessed needs of the residents.

While one resident was present on the day, as said earlier they declined to speak with inspectors. Inspectors completed a walk around of the centre, reviewed a range of documentation and met with staff and the management team. During conversation with staff, inspectors found that they spoke with respect at all times, and had a knowledge and understanding of residents' support needs and goals in this centre. Inspectors were advised about one resident's engagement on a weekly basis with a 'meals on wheels' service locally. Staff spoke about the resident's confidence and how well regarded they were with the persons they were engaging with.

It was clear that staff were very familiar with residents' needs, and their various ways of communicating. Staff could interpret behaviours of residents and explain to inspectors what it was they were communicating, and were seen responding appropriately and effectively to residents.

In summary, inspectors found residents' safety was paramount to all systems and arrangements the provider had now put in place in this centre. Oversight systems were enhanced by the provider to ensure the quality of care provided was

monitored effectively. Residents were supported and encouraged to choose how they wished to spend their time and that they were involved as much as possible in the running of their home and in their local community.

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

## Capacity and capability

Inspectors found that the oversight and management arrangements in place in this centre were effective, monitored and reviewed regularly, however, some minor improvements were noted during the inspection, some were addressed at the time and with improvements required on the staffing roster and directory of residents. This will be outlined further in the report.

Staffing arrangements were appropriate for the health and support of residents which reflected the size, purpose and layout of the service. There was evidence that the provider valued the importance of training and development for staff and its impact on the service provided to residents. Systems were in place to record and regularly monitor staff training and a wide range of training had been undertaken by staff.

Documents required by the regulations were available to view. Documents reviewed during the inspection included notifications, the statement of purpose, food and nutrition records, the directory of residents, staff rotas, personal files and training records. Most records viewed complied with the regulations. While some minor improvement was required to the statement of purpose and staff files, these were subsequently addressed on the day of inspection. However, the staff rota did not consistently reflect the hours planned and worked by the person in charge in the centre. In addition, the centre's directory of residents also required review to ensure all necessary information was maintained.

The centre had a clearly defined and robust management structure in place which was responsive to resident's needs and feedback. There was a clearly defined management structure which consisted of a person in charge who worked on a full time basis in the organisation and was supported in their role by a full-time and experienced person participating in management. Inspectors found that the person in charge was knowledgeable, suitably experienced and had the relevant qualifications to fulfill the role.

The management team ensured that the centre was monitored and audited to ensure good practice included, fire safety, finance management, medication management and resident files. This process ensured that the service remained responsive to the needs of residents living in this centre.

Overall, inspectors found that residents were satisfied with the service provided, they experienced support, consultation and choice on a daily basis in this centre. The management team were responsive to areas that required improvement and were building on practices to ensure effective oversight was in place at all times as required by the regulations.

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of the residents at the time of inspection. Inspectors noted that relief staff had been recently appointed and would be available to this service. To ensure continuity of care and support, these staff had attended the centre under the supervision of experienced staff and spent time with the residents. Inspectors were informed that the residents were getting on well with the new staff.

From the sample of staff files viewed, schedule 2 documents had been obtained. There was a gap in relation to employment history of one staff. Shortly after the inspection, the person in charge submitted a clear rationale for the gap in employment and confirmation that she was reviewing all other staff files to ensure that they were fully compliant with this requirement of the regulations.

Staff rotas were in place showing staff on duty during the day and night. However, the rotas did not accurately reflect the planned and actual hours worked by the person in charge in the centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff had completed compulsory training in a number of areas including safeguarding, fire safety, positive behaviour support and manual handling. Staff had also received training on infection control, first aid and had completed a range of modules relating to human rights in practice.

Arrangements were in place for the supervision of staff. Staff completed monthly supervisions and performance review meetings also took place in line with the provider's policy.

Judgment: Compliant

### Regulation 19: Directory of residents

While there was a directory of residents maintained, some required information was not recorded. For example, details regarding the discharge of a resident from the centre and any dates when a resident was not residing in the centre were not recorded.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place at the centre to ensure the quality and effectiveness of care and support provided.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose that had been kept under review by the provider. Inspectors reviewed the most recent version dated January 2024 and found that it required some minor changes to comply with the regulations such as including the registration details which were updated during the inspection.

Judgment: Compliant

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

The provider was aware of the requirement to notify the Chief Inspector of periods of absence of the person in charge, and no absences were anticipated at the centre on the day of inspection.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Appropriate arrangements were available in the event of an absence of the person in charge.



Judgment: Compliant

## Quality and safety

This service was provided to support and meet the assessed needs of residents' and was in line with their expressed wishes. Inspectors found that there was a good level of compliance with the regulations relating to the quality and safety of the service in place.

Residents who lived in this centre received person-centred care and support that enabled them to be involved in activities that they enjoyed. This ensured that each resident's well-being was promoted at all times and that residents were kept safe.

Residents had access to their local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a town and close to a range of amenities and facilities in the local area. The centre also had its own transport, which could be used for outings or any activities that residents chose. During the inspection, residents spent time completing activities in the centre and another was engaging in their day programme and planned activities.

Arrangements were in place to safeguard residents from any form of harm, These included safeguarding training for all staff, development of personal and intimate care plans to guide staff in their practice, and the support of a designated safeguarding officer when required. The provider also had systems in place to ensure that residents were safe from all risks. These included risk identification and control, a health and safety statement and an up-to-date risk management policy. Both environmental and individualised risks were identified and their control measures were stated. There was also a risk register in place which had been updated to included all risks relevant in the centre.

The provider had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development and frequent review of behaviour support plans. These measures appeared to be effective and a decrease in incidents of concern was recorded.

Measures were in place to ensure that residents' rights were being upheld. The provider had ensured that residents had freedom to exercise choice and control in their lives. Residents' choices included involvement in religious and civil rights were recorded, explored and preferences were supported when of if required. A restrictive practices log was in place and inspectors found that an accurate record of practices in place in the centre and were reviewed regularly. As a result the use of restrictive in the centre had been reduced, and effective alternatives had been reduced.

## Regulation 12: Personal possessions

The provider had appropriate systems in place for the management of residents' personal property and possessions in the centre. Staff spoken with discussed the opening of residents' bank accounts and the reviews that were in place as required by local policy.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences, and were supported in personal development.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks.

Judgment: Compliant

## Regulation 20: Information for residents

Information was provided to residents in a format that was appropriate for them and contained all of the information as specified in the regulations.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured that adequate fire precautions were in place in the centre which included a system for weekly, daily and monthly checks by staff and some were completed by an external provider. The systems included effective fire detection systems, alarms, signage, emergency lighting and guidance for residents

and staff to effectively respond to the activation of alarms or the risk of fire in the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider and person in charge had ensured that effective systems were in place for the management of residents medication. This included, safe storage, effective audits and stock checks, completion of self administration assessments were in place.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Station House OSV-0008392

Inspection ID: MON-0038925

Date of inspection: 21/02/2024

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained: <ul style="list-style-type: none"><li>• The Actual and planned Roster was changed on the day of the inspection to include specific location of the Person in Charge and the planned and actual hours worked by the PIC. Completed: 21.02.2024</li></ul>	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Registered Provider will insure the directory shall include the information specified in paragraph (3) of Schedule 3: <ul style="list-style-type: none"><li>• The Person in charge on the day of the inspection added in required information as per regulations to the Directory of Residents to include the discharge of one person we support from the center and dates when another person we support was not residing in the center. Completed: 21.02.2024</li></ul>	

## 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(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	21/02/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	21/02/2024