



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

Issued by the Chief Inspector

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| Name of designated centre: | Holly Lodge |
| Name of provider: | Praxis Care |
| Address of centre: | Monaghan |
| Type of inspection: | Unannounced |
| Date of inspection: | 14 August 2024 |
| Centre ID: | OSV-0003416 |
| Fieldwork ID: | MON-0039103 |

About the designated centre

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

Holly Lodge provides a full range of care and support needs to one adult with an intellectual disability. Holly Lodge is a one-bedroom detached bungalow situated outside a large town in Co. Monaghan. The resident is supported to access amenities by the staff team daily. The centre has two reception rooms, an office, a kitchen-diner, and a communal bathroom. The centre is staffed on a twenty-four-hour basis by a team of support workers.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 1 |
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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 14 August 2024 | 09:30hrs to 15:00hrs | Eoin O'Byrne | Lead |

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with regulations and standards.

The inspection process identified the resident was receiving a service built around them. Two recent compliments had been submitted regarding the service provided to the resident, one by a family member and the second by an allied healthcare professional.

The staff team and the provider were working with the resident to identify what they wanted to do. They supported the resident in achieving these things as much as possible. For example, the resident had recently been on their first trip out of Ireland. They visited the UK and the football club they supported. The staff team were actively seeking to source tickets for a game for the upcoming season so that the resident could attend again.

The inspector had the opportunity to meet with the resident and their dog throughout the day. The resident came in and chatted with the inspector about a project they wanted to complete and some improvements they would like for their home.

The inspector observed staff supporting the resident and found that they knew the resident well and interacted with them in a manner that suited the resident. The resident was often heard seeking reassurance from staff members and, a few minutes later, joking and seeking a reaction. The staff members reacted to the resident and provided them with their needed support. There were also examples of the person in charge chatting with the resident about a plan for painting to be completed in the house and ensuring that the resident knew what was planned.

The resident was in and out of their home throughout the inspection. The review of daily notes and an activity book showed that, the resident was active. Pictures showed the resident going on regular day trips and engaging in activities they enjoyed. For example, they went fishing with staff members, attended music events, and completed a gardening project. The resident built a water feature with the staff and added their personal preferences to the work.

The staff team took the lead from the resident regarding daily plans and ensured that all plans were appropriate for the resident and didn't place them or others at risk. There was evidence of the staff team having discussions with the resident and encouraging them to make good decisions and have positive outcomes

In summary, the inspection found that the provider and person in charge were ensuring that the support provided to the resident was appropriate. The resident, with the support of the staff team, was doing things they wanted to do, and on the

day of the inspection, the resident appeared happy in their home and in their interactions with those supporting them.

The following two sections of this report present the findings of the inspection of the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered.

Capacity and capability

The inspector studied a large volume of information about how the service was managed and how the provider was supporting the resident. The findings were positive; there were systems in place which ensured the service provided to the resident was effectively monitored and the resident received a service built around their needs.

The inspector also reviewed the provider's arrangements regarding staffing, staff training, complaints, and notification of incidents. The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programs to support them in caring for the resident.

In summary, the review of information demonstrated that the provider had effective systems in place to ensure the service provided to the resident was safe and met their needs.

Regulation 15: Staffing

The inspector, as part of the inspection process, reviewed the staffing arrangements. The resident received support and supervision from a staff member on a twenty-four-hour basis; this included a live night staff. The inspector reviewed the current roster and rosters from a period in March of this year. The review showed that there was a small all-male team in place. The provider ensured that safe staffing levels were maintained and that the staff team was suitable for meeting the needs of the resident.

There have been some changes to the staff team due to two staff members retiring. One new staff member had joined the team, and there was a plan for a second staff member to join in the coming weeks. In the meantime, a consistent relief staff

member had been, where possible, completing shifts, ensuring continuity of care for the resident.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the provider developed to capture staff members who had completed training. Evidence showed that the matrix was under regular review and that staff members were attending training when required.

Staff members had completed training in areas including:

- fire safety
- safeguarding of vulnerable adults
- safe administration of medication
- infection prevention and control
- human rights-based approach
- first aid
- Children First
- managing behaviours of concern
- assisted-decision making
- supporting decision making
- advocacy
- personal safety.

The inspector was also provided with information that demonstrated that staff members were receiving supervision. Two staff members' supervision records were reviewed; the sample showed that the supervision focused on performance management and ensuring the best possible service was provided to the resident.

Judgment: Compliant

Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. The provider's audit and reporting mechanisms, which were found to be highly effective, were reviewed. They ensured, the service provided was safe and meeting the resident's needs.

The management structure was clearly defined, with the person in charge leading a competent staff team that provided the resident with a good standard of care. The provider had completed the required annual and six-monthly reviews, which focused on the quality and safety of care and support provided in the centre.

The provider also had a system where monthly monitoring visits were conducted, and a report was furnished following the visit. Information was gathered under topics including resident feedback, person-centred care, restrictive practices, safeguarding, incidents and accidents, staffing matters, health and safety and management arrangements. The inspector reviewed the last three reports; the reports were found to be a robust auditing tool that ensured that the service provided to the resident was being closely monitored.

In summary, the appraisal of the management arrangements showed that, the provider had ensured the resident was receiving a safe service that was effectively monitored. More importantly, these arrangements were supporting the resident to lead a fulfilling life tailored to meet their needs.

Judgment: Compliant

Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's adverse incident and restrictive practices. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints log for the service and found that none had been entered this year. The resident had raised a complaint in 2023, and there was evidence of the provider responding to the complaint, supporting the resident, and contacting the necessary persons.

Information regarding the provider's complaints process was available to the resident in an easy-to-read format, and pictures of the complaints officer's identification were also on the notice board.

Judgment: Compliant

Quality and safety

The review of information and observations made on the day of inspection revealed that the resident was receiving customized services that respected their rights and specific needs. Both the resident and the staff team were working together to identify the resident's preferences and develop plans to support and achieve them.

The provider ensured that comprehensive assessments of the resident's health and social care needs were carried out, and support plans were developed to guide staff in providing positive outcomes. The inspection revealed that guidance documents were created to assist staff in supporting the resident in the best possible way.

The inspector reviewed various aspects including risk management, premises, fire precautions, medication management, communication, food and nutrition, and positive behavior support, and found that these areas were compliant with the regulations.

In conclusion, it was found that the provider, person in charge, and staff team were delivering a safe and high-quality service to the resident.

Regulation 10: Communication

Through the review of daily notes and key working sessions, along with observations on the day, the inspector was assured that the staff team communicated with the resident in a manner that suited them.

The resident was observed to seek reassurance from staff members during the inspection. The resident was given time to ask questions and assure themselves. The inspector also found that the resident was being communicated with in an age-appropriate manner and was given information to help support them in making positive decisions.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector reviewed key working sessions, daily notes for the previous ten days and activity book that showed that the resident was supported to engage in what

they wanted. As mentioned earlier, the resident was active outside their home, attending events and going on day trips with staff members.

At the time of the inspection, the resident was studying to complete their driver theory test and had signed up to partake in a horticulture course. The resident had a keen interest in gardening and a polytunnel. As mentioned earlier, the resident had also completed a recent gardening project. Over the years, the resident added other features to their garden, which was a source of pride for them.

Judgment: Compliant

Regulation 17: Premises

The person in charge showed the inspector around the residents home. There have been a number of improvements since the last inspection, including upgrades to the kitchen and utility room. A sitting room had been converted into a games room, and the environment was very much how the resident liked it.

The person in charge showed the inspector where painting works were required and explained that there was a plan for the work to be conducted in the coming weeks.

In summary, the resident was supported to have their home the way they wanted. The staff team were helping the resident to keep the house clean and it was well presented.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge informed the inspector that efforts were being made to encourage the resident to choose healthy diet options. The inspector found this was addressed during key working sessions with the resident. The resident was provided with appropriate information and encouraged to make health decisions. The inspector reviewed the daily notes, showing that the staff team offered the resident a varied and healthy diet.

The resident had been encouraged to engage with staff members when preparing meals but had declined to engage at the time of the inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

The review of risk management arrangements found them to be appropriate. Both the provider and the staff team were actively identifying and responding to potential and actual risks related to the running of the service and the support provided to the resident.

Risk assessments had been developed for the resident, focusing on their health needs, social interactions, and behaviors of concern. The inspector found that, the risk assessments were linked to the resident's care and support plans, and that the information was consistent. Additionally, the control measures that had been implemented were deemed proportionate, and the risk assessments were regularly reviewed.

The person in charge had documented adverse incidents that occurred in the service this year. The inspector reviewed these incidents and found that they were well managed by the staff team. The staff members followed the resident's behavior support plan, and their consistent approach effectively de-escalated incidents. Furthermore, a system was in place for reviewing incidents, with examples of incidents being reviewed at team meetings and discussions held to reduce the re-occurrence of challenging incidents.

In summary, the inspection process concluded that the risk management systems were robust.

Judgment: Compliant

Regulation 28: Fire precautions

The person in charge had ensured that all staff members had received fire safety training. The inspector reviewed fire evacuation records and found evidence of regular fire drills being completed. They demonstrated that the staff and the residents could be evacuated under day and night scenarios.

The inspector studied a folder that contained all fire safety information; the provider had ensured that the fire detection, containment, and firefighting equipment was in working order and serviced when required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

When chatting with the resident, the inspector asked if they could look at their medication press. The resident agreed to this. The inspector examined the medication storage, administration and disposal arrangements and found that the person in charge had ensured they were appropriate.

Staff members had been provided with appropriate medication management training. A staff member spoke to the inspector about the resident's medication, informing the inspector that following a recent medical assessment, some medication was due to be discontinued. The staff member also explained to the inspector why this occurred.

The inspector found that tracking systems had been introduced to ensure that the required medication was readily available and that the administration recording sheets were being filled correctly.

In summary, the person in charge ensured that suitable medication management arrangements were in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found through the review of the resident's information that there were appropriate systems for assessing their health and social care needs.

The residents' needs were assessed, and care and support plans were created. The inspector reviewed the plans and found they were under regular review. The care plans captured the resident's changing needs and gave the reader directions on how to support them best.

In addition, there was evidence of input from members of the provider's MDT (multi disciplinary team) and the staff and management team seeking support from the MDT and other allied healthcare professionals on behalf of the resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector found that the resident had been prescribed behaviour support plans. The inspector reviewed the plans and found that the plan was focused on understanding the resident's presentation, why they may engage in behaviours of concern, and how best to support them if they were to do so. As discussed earlier,

the review of adverse incidents showed that staff members had the knowledge to respond to incidents when required.

The discussions with the person in charge and the review of information showed that there had been a reduction in the intensity of behaviours of concern. The person in charge spoke to the inspector about how incidents were being reviewed, that, where possible, learning was identified, and that there was a focus on reducing the incidents and supporting the resident to have, positive outcomes.

Judgment: Compliant

Regulation 9: Residents' rights

The inspection findings and observations assured the inspector that the resident's rights were being promoted and respected by those supporting them. On the inspection day, the inspector observed staff members interact with the resident respectfully and, when required, gave the resident reassurance.

The resident was supported in engaging in the things they wanted to do. Social goals were identified for the resident, and the staff team supported the resident in achieving them.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 9: Residents' rights | Compliant |