



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

Issued by the Chief Inspector

Name of designated centre:	The Avenue
Name of provider:	Praxis Care
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	27 April 2022
Centre ID:	OSV-0005634
Fieldwork ID:	MON-0032591

About the designated centre

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

The Avenue is a full-time residential service in a quiet cul-de-sac near a large town in Co. Louth. It is located close to amenities such as shops, cafes and restaurants. The centre can support up to three residents, however it currently provides a bespoke service to one resident. The aim of the service is to provide appropriate, quality care and supports to the resident and enable them to live as independently as possible in their community. The centre comprises of a lounge area, kitchen area, bathrooms and three bedrooms. Staff support is provided on a 24/7 basis and the staff team consists of team leaders, support workers and a person in charge.

The following information outlines some additional data on this centre.

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 27 April 2022	10:50hrs to 17:50hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and the staff team provided a bespoke service to the resident which was designed around meeting their needs and affording choice to the resident. One area of improvement was required under risk management as discussed under quality and safety section of this report.

The resident agreed to meet with the inspector to talk about what it was like to live in the centre. The resident went through some of the previous placements they had lived in prior to coming to this centre. The resident gave some examples of how the care being provided in this centre was better than their previous placements. For example; on the day of the inspection, the resident had met their psychiatrist and told the inspector that they were very happy with this person and the treatment plan devised for them. It was also evident from talking to the resident that they were very aware of the supports provided to them and that they were informed about decisions made in relation to their care.

The resident showed the inspector their bedroom, which was spacious and contained items that were important to them. Some recent adaptations had been made to their supports which restricted the resident from accessing certain items. The resident was aware of why these were in place. The resident said they liked their bedroom and spent some time speaking about mutual interests that the inspector and resident shared like movies, actors and music artists. The resident had a collection of one particular music artists compact discs and showed the inspector this. They spoke about some of the things they liked to watch on the Internet.

The staff were guided by what the resident chose to do each day. For example; on the day of the inspection, they chose to go shopping and staff supported the resident with this. From speaking to staff and reading through the residents personal plan, the resident got to do activities they enjoyed and were interested in. They had visited numerous museums as the resident was really interested in history.

The resident also told the inspector that they were trying to eat healthier and had written out a menu plan for staff which the resident wanted to follow. Staff spoken to were aware of this and were supporting the resident with this.

Some feedback had also been collected by the provider from family representatives. This feedback was for the most part positive as they were very happy with the services provided by the registered provider. They did raise some concerns about the location of the centre, however the inspector was satisfied that this had been discussed with allied healthcare professionals and the residents' advocates and at the time of the inspection this concern could not be facilitated.

Capacity and capability

Overall, the inspector found that the person in charge and senior managers had good oversight arrangements in the centre to ensure that the resident received a safe quality service. One area of improvement was required under risk management as discussed under the quality and safety section of this report.

There was a defined management structure in place which consisted of a person in charge, an operations manager and team leaders. The person in charge had the necessary skills and experience to carry out the role. They were also responsible for another designated centre under this provider. To address this a number of team leaders were appointed in the centre to support the person in charge with their roles and responsibilities.

The person in charge reported to the operations manager who was also a person participating in the management of the centre. This operations manager also conducted site visits and monthly audits in the centre to assure that the services provided were safe. They had conducted a recent audit and found that the resident reported that they were happy living there. They also reviewed adverse incidents that occurred in the centre. Any adverse incidents which occurred in the centre were escalated to senior managers following which, review meetings took place to discuss learning or additional supports where required.

The person in charge demonstrated a very good knowledge of the resident's needs and also a strong commitment to support the resident in full filling some of their goals for the future. For example; the resident wanted to attain a specific education certificate and the person in charge was assisting the resident with various options to do this.

The provider had systems in place to monitor the quality of care provided. The quality and safety team conducted audits as did the operations manager. The provider also collected feedback from the residents representative around the services being provided.

There was a planned and actual roster in place that was maintained by the person in charge. From a review of a sample of rosters, there was a consistent staff team employed in the centre. There were sufficient staff on duty to meet the needs of the resident. A number of relief staff were also consistently employed to cover planned and unplanned leave which meant the resident was provided consistent care during these times. The inspector found that staff members spoken with were knowledgeable around the needs of the resident and were aware of how to support the resident with their anxieties. The staff were also observed throughout the inspection being respectful and supportive to the resident at all times.

Staff said that they felt supported in their role and had been provided with supervision where they could discuss concerns. Supervision records verified this also. Following a recent adverse incident in the centre, the staff reported a number

of supports that the provider had put in place after this. This included debrief meetings, additional training and availing of counselling services should staff wish to avail of them.

Staff meetings were held to discuss the care and support of the resident and other issues pertaining to the operation of the centre. Of the staff spoken with including the person in charge none had any concerns about the quality and safety of care provided in the centre.

Training had been provided to staff in areas such as mental health, fire safety, safeguarding vulnerable adults, positive behaviour support, the safe administration of medicines, infection control and supporting people's human rights. Bespoke training was also delivered around the specific assessed needs of the resident. Staff reported that this was very informative and equipped them with the skills to support the resident.

Regulation 14: Persons in charge

The person in charge was employed on full time basis in the organisation. At the time of this inspection, they were responsible for another designated centre under this provider. The inspector found that this did not impact on the oversight of this centre as the person in charge was supported by team leaders with management of the centre.

The person in charge demonstrated a very good knowledge of the needs of the resident in the centre.

Judgment: Compliant

Regulation 15: Staffing

The skill mix and staff numbers in the centre was appropriate to meet the needs of the resident. The registered provider responded to the changing needs of the resident and employed additional staff to support the resident when required.

Staff personnel files were not reviewed at this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had not been provided with training to give them the knowledge to support the resident with their assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management arrangements in the centre were effective at the time of the inspection. Systems were in place to monitor, review and respond to the changing needs of the resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had a statement of purpose for the centre that which had been recently updated. This document also included the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the resident was receiving an individualised support service which was directed for the most part by them. The resident had access to allied health professionals to support them. One area of improvement was required in risk management.

The premises were clean, spacious and provided adequate communal space for the resident. The resident had their own bedroom which was decorated in line with their preferences. They had adequate storage to store their personal belongings.

The resident had a personal plan and some aspects of it had been developed into an accessible format with the resident. The resident did not particularly engage with this plan and staff reported that the resident did not like anybody writing things about them. The behaviour support plan outlined a response strategy to support and include the resident with this process. An assessment of need was in place which had recently been updated. Support plans were in place to guide staff practice. The staff spoken to were very knowledgeable around these supports. As stated earlier the resident was also very aware of the supports in place.

The health care needs of the resident were also provided for which was complimented by the support of number of allied health professionals and medical doctors. Some of which included a dietitian, counsellor, positive behaviour support specialist, occupational therapist and a psychiatrist.

The resident was also supported to manage their mental health. A behaviour support specialist was employed to oversee, review and evaluate the supports being provided in relation to behaviours of concern. There were also plans in place for the resident to avail of other mental health supports in the coming weeks to support them with their needs. Restrictive practices were used to keep the resident safe. The resident was aware of these and also why they were in place.

The registered provider had fire safety systems in place which included the provision of fire safety training for all staff. Fire fighting equipment was available and this had been serviced regularly. A fire risk assessment was conducted yearly along with auditing practices to ensure that the fire safety measures were appropriate and that the equipment was in good working order. Staff were knowledgeable about how to support the resident in evacuating the centre. Fire drills had been conducted which demonstrated that the resident and staff could evacuate the centre in a timely manner.

The provider had risk management systems in place in the centre. Staff had completed training in risk management. Where an incident occurred in the centre, a debrief was completed with staff. A risk register was maintained along with individual risk assessments. However, there was no risk assessment conducted in relation to the strategies that should be employed when a resident displayed some behaviours of concern. For example; at the time of the inspection the resident was required to have ten minute observations conducted and recorded by staff, however one strategy in the behaviour support plan stated that staff should withdraw to other areas of the centre during specific behaviours of concern. This needed to be risk assessed to ensure that both strategies could be followed at the same time and to ensure that there was no risk to the resident or staff during these periods.

The inspector found that following an adverse incident in the centre, the provider had put in place a number of measures to mitigate the risk of this occurring again.

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. From a review of records the resident also reported that they liked living in the centre and were happy there. The person in charge had notified HIQA around allegations of abuse in the centre with related to the use of social media. At the time the person in charge had outlined measures they had taken to address this. The inspector found that these had been completed in order to safeguard the resident.

Infection control measures were in place to prevent and or manage and outbreak of COVID-19. Staff had been provided with training in infection prevention control, the use of personal protective equipment (PPE) and hand washing techniques. PPE was available in the centre and staff were observed using it in line with national

guidelines. For example, FFP2 masks were worn by staff in line with current guidelines. There was adequate hand-washing facilities and hand sanitising gels available throughout the house and enhanced cleaning schedules had been implemented.

The provider had a contingency plan in place to outline the strategies in place to prevent/manage an outbreak and this had recently been updated.

The inspector observed some examples of how this resident was supported with their rights. The resident directed things happening in the house and was informed about changes to their care. The resident was able to choose what they wanted to do on a daily basis. They recently had started a new diet plan and had informed staff by writing a list of the foods required to support them with this.

Regulation 17: Premises

The premises were clean, spacious and provided adequate communal space for the resident. The resident had their own bedroom which was decorated in line with their preferences. They had adequate storage to store their personal belongings.

Judgment: Compliant

Regulation 26: Risk management procedures

There was no risk assessment conducted to in relation to the strategies that should be employed when a resident displayed some behaviours of concern.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Infection control measures were in place to prevent and or manage and outbreak of COVID-19. The provider had a contingency plan in place to outline the strategies in place to prevent/manage an outbreak of COVID-19 and this had recently been updated.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety systems in place to ensure mitigate the risk of fire and to ensure that staff and the resident could be evacuated from the centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The resident had a personal plan which included an assessment of need which had recently been updated. Support plans were in place to guide staff practice. The staff spoken to were very knowledgeable around these supports. As stated earlier the resident was also very aware of the supports in place.

Judgment: Compliant

Regulation 6: Health care

The health care needs of the resident were also provided for which was complimented by the support of number of allied health professionals and medical doctors. Some of which included a dietician, counsellor, positive behaviour support specialist, occupational therapist and a psychiatrist.

Judgment: Compliant

Regulation 7: Positive behavioural support

The resident was supported to manage their mental health. A behaviour support specialist was employed to oversee, review and evaluate the supports being provided in relation to behaviours of concern. There were also plans in place for the resident to avail of other mental health supports in the coming weeks to support them with their needs. Restrictive practices were used to keep the resident safe. The resident was aware of these and also why they were in place

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. From a review of records the resident also reported that they liked living in the centre and were happy there.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed some examples of how this resident was supported with their rights. The resident directed things happening in the house and was informed about changes to their care. The resident was able to choose what they wanted to do on a daily basis. They recently had started a new diet plan and had informed staff by writing a list of the foods required to support them with this.

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
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	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	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Avenue OSV-0005634

Inspection ID: MON-0032591

Date of inspection: 27/04/2022

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> • The registered provider will ensure a risk assessment is conducted in relation to specific strategies to manage behaviours of concern. Date: 19/05/22 • The PIC will ensure that the Risk Assessment and Management plan is shared with all staff to ensure they are aware of current strategies to manage behaviours and reducing any risk to the resident and staff. Date: 19/05/22 	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	19/05/2022