Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Station Lodge
Name of provider:	Praxis Care
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	03 October 2022
Centre ID:	OSV-0008192
Fieldwork ID:	MON-0036499

About the designated centre

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

Station lodge is a residential service which caters for one child, male or female, with an intellectual disability. The centre is located in a town in county Mayo close to a variety of local services and amenities. The premises has a total of one large en-suite bedroom, large kitchen area, dining facilities, playroom, sensory room, utility room and staff facilities such as an office and sleepover facility. There is a large garden area to the front of the centre, with enclosed and suitable garden and play areas to the rear of the centre. This centre is also beside another planned centre. Staffing support is provided 24 hours a day, seven days a week by a person in charge and social care workers and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1

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 (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
Monday 3 October 2022	10:30hrs to 15:30hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

From observation in the centre, conversations with staff, and information viewed during the inspection, it was evident that the resident was receiving a person centred approach care, having a good quality of life, had choices in their daily life and were supported by staff to be involved in activities that they enjoyed both in their centre and in the local community. Throughout the inspection it was clear that the person in charge and staff prioritised the well being and quality of life for this resident. Some improvements were required relating to documentation held in the centre, which will be discussed later in the report.

On arrival to the centre, the inspector observed that the resident was in their sitting room and waving out at the inspector. The person in charge also arrived at this time and provided a brief handover in preparation of the meeting and interacting with the resident. The inspector found that the staff and management team at all times were very respectful, knowledgeable and were establishing a good service for this new individualised service which commenced in June 2022. The resident immediately engaged with the inspector, showed them around their home, which included, their bedroom, sitting room, play room, dining room and staff areas. The resident spoke about activities they enjoyed and all the languages he had learned through a song. The resident also showed the inspector decorations that were in place which added colour and fun in their living space. He also spoke about programmes and favourite movies which he enjoyed. He then showed the inspector the lego activity he was building with the help of staff. The inspector noted that throughout the inspection staff interacted in a caring, respectful and professional manner towards the resident. In addition, staff were noted to show good knowledge of the residents behavioural tendencies and managed hem appropriately in line with behaviour support guidelines.The resident was observed smiling, relaxed, comfortable and at ease in the company of staff during the inspection. From observations and review of related documentation showed that the residents' preferences and choices were being met.

The centre was found to be comfortable and homely throughout and suitably decorated to the taste and preference of the resident living in this centre. the centre was located on the outskirts of a large town which was in walking distance of some shops. Staff spoke about commencing walking to the shops and building and learning about road safety with this resident. A sensory room was located externally to the rear of the centre which was in development and the person in charge advised that they were awaiting suitable furnishings to finish this room. During the interim, the resident could access if they wished which also assisted them in deescalating as per their behavioural support. The inspector noted that the resident's choice and independence was promoted and was constantly under review by the management team.

The resident was being supported by staff with home based activities, as the recent application to a local school service, following their transfer was refused due to the residents assessed needs. As a result the child had no schooling service was

receiving a bespoke individualised service. The person in charge spoke about the child asking about going to school as they wished to return and spend time with their peers. This meant that the bespoke service was required and was supported due to the adequacy of the staffing arrangement that was in place for this resident. Staff were available to support this resident to take part in activities of their choice in the comfort of their own home . For example, this resident liked to spend time playing in the garden and go on short drives with staff, with due consideration given to current public health safety guidelines. The person in charge told the inspector that staff planned to bring the resident on a drive to collect a take-away that evening following a planned visit.

There were measures in place to ensure that resident's general welfare was being supported. The residents' likes dislikes, preferences and support needs were gathered through the documentation systems in place in the centre, information shared from previous services and information form all relevant multidisciplinary staff. The staff also gathered information since the resident was admitted through information sharing, observation and assessment of the resident since admission. There was enough staff in the centre at all times to provide two to one support at all times while in the centre or in the local community, however improvement was required in regard to access to schooling services for this resident. The person in charge spoke about plans that were being considered to meet the educational needs but nothing was in place or confirmed at the time of this inspection.

During the inspection it was clear that staff communicated calmly and kindly with the resident. Communication plans were in place and had been prepared with the resident to help them and staff supporting understand and communicate their needs. At staff meetings, staff discussed how the residents daily activities could be improved. This ensured that there was suitable planning and assessment of the resident on a regular basis.

In summary, the inspector found that this resident’s rights were very much promoted and respected. The resident’s safety and welfare was also paramount to all systems and arrangements that the provider had put in place in this centre. Regardless of the resident’s capacity, the provider ensured they were supported and encouraged to choose how they wished to spend their time and that they were as involved as much as possible in the running of this centre. Improvement was required to safeguarding regarding the provider receiving up to date records form the Child and Family agency.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for people who attended for respite at this centre. There were strong structures in place to ensure that care was delivered to a high standard and that staff were suitably supported to achieve this.

There were sufficient staff on duty on the day of inspection in order to meet and support the needs of the residents living in the centre. These staff were employed on a regular basis by the provider and had developed good relationships with the children. The inspector observed warm and engaging interactions between the resident and staff and it was clear that the relationships were mutually respectful and beneficial to the residents and staff members supporting them. The provider had a clear roster in place, which ensured that there were sufficient staff on duty at all times. Where necessary, staff provided overnight cover on a sleeping or waking night basis, as residents needs required. The inspector noted that each residents attendance was planned around their assessed needs and support requirements.

Staff training records demonstrated that the provider had continued to ensure that staff receiving regular training and refresher training, with an emphasis on mandatory training, due to the current COVID-19 restrictions. Furthermore, the provider had committed to offering bespoke training to ensure staff were supported to meet the needs of the resident in the centre. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

The person in charge held team meetings with the staff in the centre as scheduled at which a range of relevant information was discussed and shared. These included ongoing care, support and progress of each resident, and actions from previous staff and public health guidelines were included at every staff meeting. A sample of staff members' supervision records were also reviewed, it was found that the person in charge was ensuring that the staff team were appropriately supervised formally and informally and a schedule was in place for staff supervision.

The person in charge held the overall responsibility for this service and she was regularly present to meet with staff and the resident. She knew the resident and their needs very well and was also familiar with the operational needs of this service. She was supported by team leaders, her line manager and staff team in the running and management of this centre. This was one of a number of designated centre's operated by the provider in which she was responsible for and current arrangements gave her the capacity to effectively oversee and manage this service.

Records viewed during the inspection, such as staff training records, personal plans, risk management and , were comprehensive, informative and up to date. There was an informative statement of purpose which gave clear description of the service and met the requirements of the regulations.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents. The actions required will be outlined in the next section of this report.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and had clear oversight of the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed by the management team and these were accurate at the the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

All staff who had worked in the centre had received mandatory training in fire safety,behaviour support, manual handling and safeguarding, in addition to other training relevant to their roles.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and maintained a directory of residents in the centre. The inspector found that it contained all the required information as specified by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place had ensured the service provided to residents were safe, effective and monitored on an ongoing basis. The provider had appropriate resources in place including staffing, equipment and staff training. There was a clearly defined management structure and staff reported to the person in charge.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service.

Judgment: Compliant

Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required timeframes.

Judgment: Compliant

Quality and safety

This resident was provided with a good standard of care and support, enabling their welfare and wellbeing to be maintained, and their rights to be upheld. The care and support embraced a person centred culture, developing the skills and independence of residents, while promoting their participation in their home and broader community life. Improvement was required in some aspects of the maintenance of premises in the centre.

The provider had developed a comprehensive and detailed care plan which described the resident's' needs and how they would be supported. The care plan also took into account the requirements of a care order the resident was subject to, which had been made available by the service the resident had previously transitioned from.As the child was subject to a care order, there was evidence that the required review meetings chaired by a representative of the Child and Family Agency had occurred, with the person in charge maintaining a record of said meetings and agreed actions. Any agreed changes to the care plan from the review meeting were also updated in the resident's care by the person in charge which informed staff care practice. However, the Child and Family agency had not provided any documentation since the resident's admission in June 2022, which included records of the review meetings, and confirmation of any relevant changes to the provision of the resident's care order .

Arrangements were in place to support the resident's health needs including procedures in the event of an emergency if needed. Arrangements were in place in relation to accessing both dental services and a general practitioner (GP), and the provider was also in the progress of acquiring the support of other allied health professionals locally in consultation with the child and family agency, such as speech and language and a pediatrician. These care arrangements ensured that staff were clearly guided at all times in the support required by the resident.

The provider had attempted to engage with the education service from June 2022, but no school placement had been achieved at the time of inspection. As a result of this, the resident had limited opportunities for social interaction as they could not access school and therefore mix with their peers. In response, to no school placement the provider had commenced a bespoke day programme with the aim of providing an educational programme, and were also attempting to access to home school services locally .

The resident was supported to develop and realise meaningful goals relevant to their age, preference and choice and there was regular review of the progress of these goals. On the day of the inspection, the resident was observed interacting and communicating in their preferred manner with staff.

The inspector noted that the resident was supported with their emotional needs and could access the services of a psychiatrist, psychologist and behaviour therapist. Behaviour support plans were developed and regularly reviewed. Restrictive practices were implemented in accordance with best practice and were minimal at present, and there was evidence of regular reviews.

The provider had systems in place to ensure that the residents' were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and support of a designated safeguarding officer as required.

There was a system in place to manage risks in the centre and to report and respond to adverse incidents. Individual risks had been identified and control measures were in place to mitigate the risks presented. Adverse incidents had been reported and recorded, with follow up actions taken to prevent re-occurrence inform learning.

Regulation 13: General welfare and development

The resident was supported to take part in a range of social and development activities both in the centre and in the community. The management team were also building on the choice and range of activities relevant to the residents age, choice and preferences. However, improvement was required as this resident was not

receiving a school service at present and after attempts had been refused for admission into a local service.

Judgment: Substantially compliant

Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that the residents guide contained the required information as specified by the regulations, and was also available in a service user friendly format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register in place including risk ratings, and a detailed risk assessment for each risk identified. There was a risk management policy in place which included all the requirements of the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' personal plan was available for review and contained a lot of information as required by the regulations. This ensured that staff were aware and informed of the practice required to support this resident at all times. Improvement was required as while the person in charge maintained a thorough copy of all meetings with the Child and family agency in regard to the residents' support needs, the child and family agency had not supplied their formal copy of these meetings by the allocated case worker.

Judgment: Substantially compliant

Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions for this resident. the inspector noted that there were protocols in place to access services in the event of a change in need for this resident. Furthermore, the provider was awaiting referrals to additional allied health professionals at the time of this inspection.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern. Where restrictive practice were in place they were the least restrictive required to mitigate the risk to residents, and were effectively monitored.

There were very few restrictive interventions in the centre, and those in place had been assessed appropriately, and the resident understood their use.

Judgment: Compliant

Regulation 8: Protection

The provider had procedures in place to ensure staff were guided on the identification, response and monitoring of any concerns regarding the safety and welfare of residents. There were no safeguarding concerns at this centre at the time of this inspection.
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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Station Lodge OSV-0008192

Inspection ID: MON-0036499

Date of inspection: 03/10/2022

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 13: General welfare and development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: • The person in charge has ensured that the resident's right to education continues to be progressed and highlighted as an urgent issue to relevant parties at MDT. Date 19.10.2022 • The person in charge has been assured by child and family agency that a second appeal has been progressed for education placement and a tutor request has been made for the resident by Tusla. Date 25.10.2022	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • The Person in Charge has ensured that recommendations arising from the review have been completed with all minutes from monthly meetings and the most recent care order are now available in the center. Date 20.10.2022	

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 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	25/10/2022
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	20/10/2022
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Substantially Compliant	Yellow	20/10/2022

Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	20/10/2022