

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

Issued by the Chief Inspector

Name of designated centre:	Cnoc Na Dara
Name of provider:	Praxis Care
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	02 May 2024
Centre ID:	OSV-0008656
Fieldwork ID:	MON-0041866

About the designated centre

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

Cnoc na Dara is an individualised residential service, providing care and support to one resident aged over 18 years old with an intellectual disability who may have associated mental illness. The house is a two storey semi-detached house located in a residential area on the outskirts of a small town. There is transport available to support the resident to access activities outside of their locality, should they wish to. The service is staffed by a team of team leaders and support workers under the leadership of a person in charge. The staffing arrangements include two staff working each day with sleepover cover provided by two staff each night. The house has a large lounge, kitchen and dining-room downstairs, with three bedrooms upstairs, two of whom are used by staff for night cover. The resident bedroom is large and has an en-suite bathroom.

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
Thursday 2 May 2024	10:00hrs to 16:45hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that there were good systems in place to ensure that a person-centred and safe service was provided. There was a good governance structure in place with effective arrangements for managing and auditing the centre. However, some improvements in staffing, premises and fire would further enhance this service.

This inspection was the first inspection of the centre since its registration on 01 November 2023. The inspection was carried out to monitor compliance with the regulations.

The centre was registered to accommodate one adult. As part of the inspection a short notice announcement was given to the provider a few days before the inspection. A document called 'Nice to Meet You' that inspectors use to support residents with understanding the visit was supplied prior to the inspection day. On the morning of inspection, the inspector was greeted at the door by the resident and staff supporting them.

The inspector spent time talking with the resident both in the morning and in the afternoon after they returned from their day service, to establish their views of the service. The resident wanted staff to be present when meeting with the inspector and this was supported by the staff team. In addition, a review of documentation associated with the resident's admission, care plans, risk assessments and multidisciplinary team (MDT) meetings notes were reviewed.

Overall, it was found that the provider had supported the resident to have a safe admission to the centre. The resident had previously lived in another designated centre run by the provider, where risks had emerged that led to a new home being sought. The resident's views were sought prior to the move where it was established that they wished to live alone, rather than with others. Staff spoken with felt that the move to Cnoc na Dara was a positive move for the resident. When asked, the resident said that they were happy living in the centre.

Throughout the day the resident was observed freely moving around their home and chatting with staff. The resident had access to an external day service for five days per week. The service had a vehicle for access to activities and other interests that the resident chose. The resident spoke about activities that they enjoyed, such as swimming, shopping and social farming and they spoke about day trips that they went on to other counties. They also spoke about their day service and activities that they enjoyed while there, including art and music.

The house was nicely decorated inside. There was beautiful art work on display throughout the house, which the resident had created. In addition, there were items associated with the resident's specific interests located around the home, which helped create a homely atmosphere. The resident pointed out, and spoke about,

their gold fish that they had received as a gift from family. The furniture appeared comfortable and well maintained. Staff spoke about getting new furniture for the resident's bedroom that may be more suitable for their individual needs, and this was in progress.

The upstairs area had three bedrooms, two of which were used by staff who provided sleepover cover each night. The resident's bedroom was beautifully decorated in warm colours that they chose, and they had an en-suite bathroom. There was also a main bathroom with a bath on the first floor also. The kitchen was spacious and well equipped. It also included the laundry equipment. Some cupboards were locked for safety reasons and this had been assessed and was kept under review. There was large back garden area that contained some potted plants. The local management team spoke about getting quotes recently to enhance the back garden area. When asked, the resident said that this was something they wished for and they mentioned items that they would like for the garden. It was noted in a MDT report that the resident would benefit from a swing, and this was acknowledged as something that was planned also.

Staff spoken with had worked in the centre for many months and appeared to know the resident well. Interactions between staff and the resident were observed to be warm and respectful. Staff were seen to support the resident through their preferred communication methods. In addition, there were visual schedules and easy-to-read documentation in accessible locations throughout the house to further enhance communication.

Staff had undertaken human rights training. Staff spoken with said that they found it useful as a refresher as they worked in a rights based manner anyhow. The resident had an assigned staff called a 'key-worker' who they met with regularly to discuss topics such as rights, advocacy, complaints and safeguarding. Minutes of these meetings were reviewed and demonstrated that the resident was consulted about the centre and supported to make choices in their life.

Overall, the service was found to provide person-centred care and support to the resident and where safety and wellbeing were promoted.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

This inspection found that there were good governance arrangements for the management and oversight of the centre. In addition, there were good systems in place to ensure the ongoing review of the care and support provided. Overall, the centre was found to have good compliance with the regulations assessed.

The centre was managed by a person in charge who was suitably experienced and qualified for the role. They were responsible for two designated centres and divided their time between the two centres. This meant that they were available to provide support to the staff team each week. The person in charge reported to a Head of Operations (HoO). Both the person in charge and HoO were met with on the day of inspection.

The centre was staffed with a skill mix of team leaders and support workers. There was one vacancy that required completion and at the time of inspection this was filled by an agency worker. Staff underwent a comprehensive induction prior to starting work in the centre. In addition, staff were provided with a range of training to support them to have the skills to support the resident with their needs.

As the centre was only open six months, the provider's six monthly unannounced visit and the annual review of the service was not yet completed. The local arrangements for monitoring the service were described to the inspector. This included monthly audits in a range of areas by both the person in charge and HoO. In addition, time was allocated each morning for staff to do a handover, which included a range of areas to review. These handovers were documented and demonstrated good monitoring and oversight of issues that could impact the safety and quality of care.

Since the service opened six months ago, there had been one admission. A review of the resident's needs assessment, meetings held and the supports given found that the centre provided good support to the resident during their transition to the centre. In addition, there was a written contract for the provision of services in place which included information about the terms for admission and fees to be applied. This had been signed by the provider and resident.

In summary, this inspection found that the management team had the capacity and capability to manage the service and ensured a person-centred approach to care.

Regulation 14: Persons in charge

The person in charge worked full-time and had the necessary qualifications and experience to manage the centre. They were responsible for two designated centres in total and divided their time between both. There were arrangements in place to support the person in charge to effectively manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was staff rota in place which was well maintained and accurately reflected

who was working on the day of inspection. The skill mix comprised team leaders and support workers, two of whom worked each day and provided sleepover cover each night. A sample of staff files reviewed found that all the information as required in Schedule 2 of the regulations were in place. In general, the service was staffed by a consistent staff team to help ensure continuity of care. However, the following was found;

- there was one support worker staff vacancy which was covered by regular agency staff. This recruitment was in progress and required completion.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were provided with a range of mandatory training courses to support them to have the skills and competencies to support the resident with their needs. Training provided to staff included; safeguarding, fire safety, behaviour management, medication, infection prevention and control and First Aid. One staff member required First Aid training, and a date was set for this for the coming weeks.

In addition, where a specific training need was identified this was put in place. For example; a number of staff had completed 'trauma training' with training for the remainder of staff in progress. In addition, information sessions and training were provided to staff by an Occupational Therapist to support them in having the skills to support the resident's individual needs.

New staff were provided with a comprehensive induction to support them in taking on their role. Staff were supported in an ongoing basis through regular support and supervision meetings by their line manager.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found good arrangements for the governance and management of the centre. There were sufficient resources in place to ensure the effective delivery of care and support to meet the resident's needs. There were effective arrangements in place for the ongoing monitoring and evaluation of practices in place. The local management team ensured ongoing monitoring of the centre through monthly audits that covered a range of topics and practices. These were found to be effective in identifying actions for improvement.

Staff were supported to raise any concerns about the quality of care and support through regular team meetings. In addition, members of the MDT were noted to

have attended some staff meetings. Staff spoken with said that they felt well supported and could raise any concerns that they may have to the person in charge. There was an on-call arrangement for out-of-hours.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider ensured that there was a policy and procedure in place that outlined the criteria for admission to the service. The person in charge ensured that the resident was supported in their transition to Cnoc na Dara and a support plan called, 'moving in plan' was developed and made available in an easy-to-read version. The resident had a written contract for the provision of services, which had been signed as agreed.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifications were submitted to the Chief Inspector of Social Services, as required in the regulations.

Judgment: Compliant

Quality and safety

This inspection found that Cnoc na Dara provided a person-centred service. The resident's needs were assessed prior to, and after, their admission to the centre and kept under ongoing review for changes. In addition, the resident was consulted on an ongoing basis about their care and supported to identify personal goals for the future.

The person in charge ensured that an assessment was completed of the resident's health, personal and social care needs. Support plans and protocols were developed for any area of care identified. These included support plans for behaviour support and to manage any identified risk. In addition, the resident had access to MDT supports and allied healthcare professionals as required.

The service was found to promote a rights based culture. The resident had an assigned staff, called a 'key-worker' that they met with regularly. Key-worker and

resident meetings were documented and included actions that were identified through these meetings. In addition, these meetings provided a space for various topics to be discussed with the resident. There were a range of easy-to-read documents and social stories, as well as different forms of communication aids available to support the resident in understanding topics.

The house itself was well maintained, warmly decorated and homely. The resident was consulted about how to decorate their home and it was evident that the décor was to the resident's interests and likes. However, the back garden area required improvements and this was reported to be in progress.

Overall, the inspector found that the service provided ensured that the resident was safe and that their individuality and interests were listened to and promoted.

Regulation 10: Communication

The provider had a policy and procedure in place for Communication. Supports were in place for the resident to communicate through their preferred methods of communication and staff were observed to be knowledgeable in the supports required. A referral for Speech and Language therapy had been made to further support the resident with their communication preferences.

The resident had access to the Internet, telephones, movie applications and a SMART television in line with their preferences.

Judgment: Compliant

Regulation 11: Visits

The provider had a policy and procedure in place for Visitors. Visitors were welcome to the centre and there was ample space in the house for the resident to have visitors to their home and to meet with them privately if they so wished.

Judgment: Compliant

Regulation 13: General welfare and development

The resident was supported to engage in a range of leisure and recreational interests in line with their interests. This included activities such as beauty treatments, swimming, social farming, music and arts and crafts. The resident had access to a day service which they attended five days per week. They were

supported to identify areas for further training and personal development. In addition, links with family members were promoted and encouraged and the resident enjoyed regular visits from family to their home.

Judgment: Compliant

Regulation 17: Premises

The home was designed and laid out to meet the needs of the resident. The house was clean, homely, spacious and well maintained. There were facilities for completing laundry and adequate kitchen appliances for preparing meals and snacks. There was a large back garden area, however the following was found;

- the garden area was bare and would benefit from enhancements to it for the resident to be able to enjoy the space. This was reported to be planned, and required completion.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre was equipped with fire safety management measures including; emergency lighting, fire fighting equipment, fire alarm and fire doors. A review of fire drills completed demonstrated that the resident could safely evacuate in a timely manner.

However, the following was found;

- the fire drill records did not clearly identify under what scenarios the evacuation took place during each drill, including the location of the resident and staff at the time of the alarm going off
- a fire risk assessment was completed by a competent fire officer; however this required updating to include an assessment of the fire doors' specific ironmongery which was reported to not be filled with fire resistant filler.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that an assessment of need was completed for the resident following admission to the designated centre. Where the need was

identified, care and support plans were in place to guide staff on the supports required.

The resident was supported to identify personal goals for the future and these were found to be followed up. Personal plans were found to be comprehensive and included support around health and wellness and goal setting for the future. These were found to be kept under ongoing review with the resident and updated as required.

Judgment: Compliant

Regulation 6: Health care

The resident was supported to achieve good health and well being. They were facilitated to attend a range of healthcare professionals as required and where recommended. The resident had access to a general practitioner that they were familiar with prior to their move to the designated centre.

In addition, multidisciplinary team (MDT) supports were available, with referrals made for further supports where the need was identified, such as referrals for physiotherapy and speech and language therapy.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider ensured that there were policies and procedures in place for behaviour support and restrictive practices. Where required, support with behaviour management was provided and guidelines for support were developed.

The service had access to (MDT) professionals, such as positive behaviour therapists and occupational therapists, who had input into the development of support plans. Through discussions with the management team and a review of various documentation, it was clear that every effort was made to try to establish the cause of behaviours that occurred in order to provide the most appropriate supports. A new strategy for supporting the resident with emotions had been agreed at a meeting the previous day and the inspector observed a staff member discussing this with the resident.

Restrictive practices in place were assessed and clearly outlined the rationale for each restriction in the centre. Protocols were in place to guide staff on their use. Reviews of the restrictive practices were completed regularly to explore possible alternatives to the restrictions.

Judgment: Compliant

Regulation 8: Protection

There were policies and procedures in place for safeguarding and for the provision of personal and intimate care. All staff working in the centre had completed training in safeguarding. Where concerns of a safeguarding nature arose, these were followed up in line with the safeguarding procedures. Safeguarding plans and measures were reviewed regularly with members of the MDT and external safeguarding and protection team.

There were a range of care and support plans in place to promote the resident's protection and safety. In addition, information was provided to the resident about safeguarding, including the development of a social story to help to explain it. In addition, topics relating to protection and advocacy were discussed with them at 'key-worker' and resident meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The service promoted a rights based culture. Staff had undertaken training in human rights and spoke about how the resident was involved in decorating their home. For example; the resident was involved in choosing the colours for their bedroom and furnishings and artwork displayed throughout the house were personal interests of the resident.

There were a range of easy-to-read documents available in the centre to support the resident in understanding topics relating to their rights. This included information such as consent, advocacy, complaints and safeguarding. In addition, money management and goals and aspirations for the future were discussed with the resident, and actions taken to progress the resident's wishes in this regard.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially 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 Cnoc Na Dara OSV-0008656

Inspection ID: MON-0041866

Date of inspection: 02/05/2024

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 Registered Provider will ensure that active recruitment continues. There is currently 1 WTE support worker vacancy which has been recruited against. The current support worker vacancy is filled by a consistent bank of relief and agency support workers who facilitate regular shifts. To be completed by 31/07/2024	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider’s property department have assessed garden. Completed 07/05/2024 The registered provider has plans to improve the garden space. Quotes have been obtained and contractor will be appointed. To be completed by 30/09/2024	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> The registered provider has completed fire drill and ensured that fire drill paperwork has been completed to include the evacuation scenario during the drill, including the 	

location of the resident and staff at the time of the alarm going off. Completed 17/05/2024

- The person participating in management will review fire drill documentation in monthly monitoring visits. Commenced 23/05/2025
- The registered provider's fire officer will visit the property and update Fire risk assessment to include an assessment of the fire doors' specific ironmongery which was reported to not be filled with fire resistant filler. To be completed by 30/06/2024
- The registered providers property department will review ironmongery to ensure compliance. To be completed by 30/08/2024

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/07/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2024
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/08/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	23/05/2024

	of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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