

# Statement of Purpose

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PRAXIS CARE Balbriggan 'Windermere'

Windermere, 56 Dublin Street, Balbriggan, Co. Dublin



Registration Number 0006374

Date: 22/08/2024

Expiry Date of Registration: 18 July 2025

Revision Number: 11

<p><b>Registered Provider:</b> (as per Certificate of Registration)</p>	<p>Praxis Care,  Unit 18, Ardee Business Park, Hale St, Ardee, Co. Louth Telephone: 041-6871904 or 048-902-3455  The Person carrying out the business of the service (Provider Nominee) is Amanda Gray, Director of Care</p>
<p><b>Person in Charge:</b> (as per Certificate of Registration)</p>	<p>Tina Hogan Mobile :0858590627 <a href="mailto:tinahogan@praxiscare.or.uk">tinahogan@praxiscare.or.uk</a></p>
<p><b>Persons participating in Management:</b> (as per Certificate of Registration)</p>	<p>Karen Barrett Mobile 0858707850 <a href="mailto:karenbarrett@praxiscare.org.uk">karenbarrett@praxiscare.org.uk</a></p>

## Services and Facilities in the Designated Centre

### Aims and objectives of the designated centre:

Windermere provides appropriate quality care and support to individuals from the age of 16 to 24, experiencing or are diagnosed with an intellectual disability, autism, epilepsy, physical disability and mental health issues.

### The specific care and support needs that the designated centre is intended to meet:

Praxis Care Windermere provides a full range of care and support needs for a maximum of 5 residents with an intellectual disability, autism, epilepsy, physical disability and mental health issues. The residents require medium to high care and support.

The service will provide a full time residential service for up to five service users aged between 16 to 24 who cannot, at this point in their lives, live within their family home and require an alternative placement. These service users will have been assessed by the Health Service Executive as requiring this facility and the young people's placement will be reviewed on a regular basis in order to ensure the centre is the most appropriate facility to meet their individual needs.

The aim of the service, is to facilitate the transition of 1 young person with an intellectual disability from adolescence to adulthood & 4 young adults, meeting the individual needs of young people within a nurturing environment, utilising a programme of leisure and social activities to encourage and challenge service users to reach their maximum potential.

Windermere service aims to meet the following needs (this is not an exhaustive list):

#### Housing Support

- Assistance acquiring essential household items
- Locating essential local services
- Paying bills
- Maintaining the property
- Safety issues
- Signposting to specialist services
- Budgeting
- Good neighbour / dealing with disputes
- Essential daily living tasks
- Emotional support
- Supporting people to comply with treatment
- Where appropriate, notifying agencies of concerns about a service use

#### Care Tasks

- Administering medications
- Health care
- Specific rehabilitation tasks

Successful transition from childhood to adulthood requires engagement with many stakeholders, most importantly the young person and his/her family, the children and adult disability teams' services, primary care services, allied health professionals, education and employment services and advocacy services.

The objectives are to support a successful transition of the young person in the centre to adult support services by ensuring:

- Quality care to service users.
- Preparation for adult life through development of independent living skills and life skills.
- A high quality standard of care that is responsive to the individual needs of the service users.
- A comfortable, clean and safe environment for service users to live in.
- A focus on learning and development through activities and to create an awareness of the natural environment.
- An environment that supports service users to reach their maximum potential
- Person centred focus, involving the service user in any planning and decision making approaches.
- Placements that respect and promote the racial, cultural and religious backgrounds of service users.
- Competent residential care staff that are sensitive to the needs and pre-placement experiences of service users and their current life stage.
- A partnership approach with Children, Birth Families, Carers, Health Service Executive, Social Work, Education and Therapist colleagues working together in the best interest of the service user.
- The young person's needs and aspirations are placed at the centre of the transition process.
- Commitment to support each young person to complete their schooling as successfully as possible and to access follow on educational, day service and/or employment opportunities.
- The exploration of the rights of a child and the evolving rights of those of an adult and preparation for this milestone.
- Multi agency planning based on good communication with TUSLA, Health Service Executive, Allied Health professionals, Young People and Families and Praxis Care.
- Education and training of staff commensurate with the needs, ability and life stage of the young people
- Agreed protocols and policies in place and in line with legislation.
- Continuous assessment of approaches to improve transition process for both children and adults with complex needs.
- Evaluation of outcomes.

## **The Transition Process**

With specific reference to the Transitioning process, Praxis Care will endeavour to fully engage service users with, and support them to:

- Set up and monitor Funding / Budget.  
The young person's Care plan will include references to secure and unambiguous funding arrangements approved by Commissioners of children and adult services. The funding required to ensure the seamless transfer from children to adult services will be agreed before the young person is admitted to Grange Bective.
1. Develop a Transition Plan by implementing:
    - An agreed process for joint strategic planning between children's and adult health, education and employment services, facilitating links and communication across adult and children's services.
    - A clear transition pathway to adult life.
    - A clear identification of a key worker and a co-key worker.
    - A focus on person centred planning.
    - A service responsive to Young People and their families.
    - Appropriate risk management procedures including effective follow up for vulnerable adults and children's.
    - An appropriate staff skill mix that ensures adolescent health expertise, professional and clinical leadership, key working and supervision of care staff.
    - Adherence of quality standards to enable performance management.
    - Measurable outcomes that ensure a value for money service.
  
  - 1 Transition Process (inclusive of assessment of health needs)  
It will include the following:-
    - Good step by step planning for transition.
    - Documented good transition plan in place inclusive of health needs.
    - A health passport or communication passport to ensure relevant professionals have access to essential information.
    - Identification of a lead professional to support young people and their families through transition.
    - Parents needs to be considered.
    - Responsibility for funding agreed early in this process.
    - Provision of an appropriate environment that considers all needs without gaps in provision between children and adult services.
    - Provide training and advice to prepare them and their parents for the transition to adult care, including consent and advocacy.

- Provide appropriate access to allied health professionals.

Provide a service tailored to meet the needs of this group and include additional recognised training for staff to equip them in meeting the

- specific needs of young People.
- 2 Empowerment and Choice and Involvement
    - Inclusive of capacity.
    - Appropriate choices available.
    - Young people wishes to be central to any decision making.
    - Appropriate information to be available.
    - The rights of young people embedded in the service.
    - Involvement of families and Young People.
    - Rights of service users will be available in a friendly user format.
  - 3 Carers and Family Support
  - 4 Training for professionals
  - 4.2 Provision of appropriate training.
  - 4.3 Ensure appropriate knowledge is available that is age specific and in relation to complex needs.
  - 5 Transfer to Adult Services.
  - 6 Integrated / Holistic Care.
  - 7 A formal review meeting will be held annually in order to review the suitability of placement and care/support provided

**Facilities which are to be provided**

Windermere is a large 5 bedded detached home set on its own grounds in the town of Balbriggan in North Co Dublin.

The house accommodates 2 service users living in a group living setting, each with their own ensuite. The two service users have a shared kitchen, large dining room, sitting room, sun room and further quiet room. The main house accommodates 1 service user transitioning from adolescence to adulthood and once service user who has transitioned to adulthood.

Adolescence is a period of change for any Young Person. All children need preparation for adult life and some will face more challenges than others, especially when they have an intellectual disability and complex needs. Praxis Care acknowledges that transition is a time of increased risk. The young person in receipt of this service will be dependent on their carers and health services for some or all of their day to day need. The young person relies on this support network to help them meet and talk to friends, use equipment, help them fulfil aspirations and hopes for the future.

Transition is defined as the move from children's services to adult services. It is a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults as they move from child centred to adult orientated health care services.

This service will support 1 young person to make the transition to adulthood and to achieve their maximum potential and become as independent as is possible. Once they reach adulthood they will continue to live in this designated centre to ensure continuity of care.

The transitional nature of the service allows for an opportunity to focus on preparation for adult life and working towards independence. This focus will include emphasis on interpersonal relationships, self awareness, life skills development, home care skills, communication skills, leisure skills, work skills etc. Service users' monthly house meetings facilitate the service users being able to voice their opinions and encourages learning to enjoy living together at Windermere.

A further two service users are accommodated in additional self-contained apartments complete with own kitchen/living space, bathroom, bedroom and sitting room. There is accommodation for two staff offices and one staff office with a sleep over room. Within the main body of the house there is also adequate storage space and a visitor's toilet.

The manager is on site and or available to the team Monday to Friday 9.00 – 5.00.

Each Shift will be led by a Team Leader and with sufficient support staff to meet the assessed needs of the service users referred.

There are two waking night staff on all night duties and one sleep over staff.

The Team Leader rostered on each shift will provide effective leadership, supervision and management to a team of support workers ensuring that the practical, physical and emotional needs of the Residents are met.

## **Services which are to be provided**

Praxis Care works with service users, and his/her friends, relatives or representatives (if appropriate) to draw up a written plan of the support the organisation will aim to provide. The plan sets out the service user's needs, risks that need management, support/care provided and desired outcomes.

There is a formal review process at 6 weeks after first placement and at least annually thereafter. An emergency review can be convened at any time. From time to time further assessments of the service user's needs are required to ensure that the support provided by the organisation is relevant to helping the service user achieve his/her full potential.

Every service user keeps a copy of his/her own Assessment & Plan and is encouraged to participate as fully as possible in the support planning process.

All Service Users are empowered to enjoy everyday living, irrespective of the complexity of their needs. This is evidence based through the setting of person centred outcomes which are measured on a regular basis to evidence achievement. The staffing of the centre reflects the care and support needs of the service users which are outlined in their personal plans.



## Admissions to the Designated Centre

<b>Registered Bed Numbers:</b>	The maximum number of persons that may be accommodated at the designated centre is 5.
<b>Age range of residents to be accommodated:</b>	Windermere offers accommodation to residents aged 16-24 years old.
<b>Gender of residents to be accommodated:</b>	Windermere offers accommodation to both males and females.

### Criteria used for admissions:

#### Referral Process

Referrals for admissions will only be accepted from members of **Disability Services (H.S.E.)** multi-disciplinary team & Tusla. Referral agents from outside the geographical area should in the first instance contact their local Health Service Executive office.

- Karen Barrett , Person Participating in Management, Praxis Care 0858707850

#### ***Referrals should meet- certain criteria below***

- \* An application form must be fully completed and include information on risk history and finance
- \* The applicant and carer (if so desired) will be invited to visit the service and discuss his/her needs with Praxis Care staff.
- \* A joint risk assessment conducted by the relevant parties must indicate compatibility with current residents.
- \* The registered provider and person in charge must ensure that the risk assessment protects all residents from abuse.
- \* The registered provider must be satisfied that the appropriate staffing and resources are available to meet the needs of the individual.
- \* The registered provider must be satisfied that there is adequate multi-disciplinary input to support the individual's needs.
- \* The Person in Charge must be satisfied with the training and educational plan for the individual.
- \* The Person in charge must be satisfied that the designated centre can meet all the needs of the individual, such as behavioural or communication for example.

- \* An Admission Panel will meet to consider all applications. The referral agent or any other relevant party will be invited to discuss the application and provide further information/clarification as appropriate.
- \* The registered provider will require a full health assessment and immunisation records for the individual.
- \* The registered provider will complete a comprehensive joint risk assessment involving the relevant multidisciplinary personnel. The registered provider has to be satisfied that all residents will be protected from abuse and compatible to reside together within the designated centre.
- \* The Admission Panel's decision will be communicated to the referral agent as soon as possible and will always be followed up with a written explanation of the decision.
- \* An Appeals Procedure is in place if a prospective applicant is not satisfied with the outcome from the admissions panel.
- \* Prospective residents will be provided with as much information as possible about the service to help him/her make a decision about whether or not he/she wants to receive care and/or support. Praxis Care offers the opportunity for a prospective resident to visit the accommodation/service and meet and talk with residents and staff. The organisation is happy for a prospective resident to involve his/her friends/family before making the final decision about placement or commencement of service.
- \* If it is felt that the accommodation or service is not suitable for a particular person, advice will be given on how to look for help elsewhere. This will only happen after full and inclusive discussions with all relevant parties.
- \* The person in charge must be satisfied that all relevant documentation is provided to fully ensure that the designated centre can meet the needs of the individual, for example psychological assessment, psychiatric assessments and financial agreements.
- \* Requests for emergency placements cannot be facilitated as a thorough risk assessment and support plan needs to be put in place prior to admission to the service

## Management and Staffing

### Total staffing complement (in full time equivalent )

Person in Charge	1 WTE
Team Leader	3.8 WTE
Support Staff	15 WTE
Administer	.2 WTE

A person centred approach to resident's needs is implemented and each resident will have a named key worker. Staff are available **24 hours per day, 7 days per week.**

On each rota shift there is a Team Leader, who provides effective leadership, supervision and management of a team of support workers ensuring that the practical, physical and emotional needs of the Service Users are met. The number of support workers on duty will depend on the needs of the Service Users at that time. Staffing levels will vary in accordance with occupancy levels. At least two support workers are on waking night duty with the on-call support of a sleepover team leader. The person in charge is available during administration hours. The person in charge will be in the office from 9am to 5pm or otherwise contactable by phone (0858590627) when out of the office or at meetings

There is an on-call system in place. The on-call rota will always be found at the front of the Rota Folder. Management on-call systems are in place for annual leave, sick leave or days off. There is also an Assistant Director and Director on-call system at all times. Details are again found in the Rota Folder.

All staff will be trained in the following:

Care of Medication	Children's 1st
Restrictive Practice	Safeguarding of Vulnerable Adults
Values and Attitudes	Infection Control
Inanimate Load Handling	COSHH
Care of Medication	Fire and Safety
Food and Hygiene	

Additional training is provided to meet the individual needs of each resident e.g. Epilepsy & Buccal Midazolam.

Further information on the service can be found in the Residents Handbook.

**Organisational structure of the designated centre:**

**Management Team**

<b>CEO:</b>	<b>Carol Breen</b>
<b>Director of Care (Operations):</b>	<b>Amanda Gray</b>
<b>PPIM Windermere:</b>	<b>Karen Barrett</b>
<b>Person in Charge of Windermere:</b>	<b>Tina Hogan</b>
<b>Complaints Officer:</b>	<b>Linda Lyons</b>
<b>Data Protection Officer:</b>	<b>Vincent Lavery</b>
<b>Designated Safeguarding Officer:</b>	<b>Tina Hogan</b>
<b>Safeguarding Champion:</b>	<b>Brian McCready</b>

- **Note: see appendix 2 for Organisation Structure**

**Review and development of residents' personal plans  
(refer to the requirements of Regulation 5)**

Praxis Care works with residents, and his/her friends, relatives or representatives (if appropriate) to draw up a written plan of the support the organisation will aim to provide. The plan sets out the resident's needs, risks that need management; support/care provided and desired outcomes. This is reviewed monthly to ensure all needs are assessed and revised.

Every resident is provided with a copy of his/her assessment and plan and is encouraged to participate as fully as possible in the support planning process. It is a priority that all residents are supported and are able to access this information in a user friendly format and in a language that is age appropriate to aid them in their understanding.

Prior to the commencement of a service at Praxis Care Windermere, a risk assessment is carried out with all residents and agreed upon by social workers. This risk assessment is reviewed on an individual level on a regular basis but particularly when there have been significant changes to the individual's life.

A review is convened after 6 weeks of moving in and annually thereafter. An emergency review can be convened at any time. From time to time further assessments of the service user's needs are required to ensure that the support provided by the organisation is relevant to helping the service user achieve his/her full potential.

In the case of an emergency ,following a significant event or following a significant change of circumstance ,an additional/emergency review should be requested by the manager

Service Users are offered a range of therapeutic supports via the HSE and other recognised therapies such as:-

- Physiotherapy
- Occupational Therapy
- Speech and Language
- Dietician
- Chiropodist
- G.P
- Reflexology
- Specialist Behavioural Support/Behaviour Consultancy
- Community Psychiatric Care

Service users are supported by Praxis Care staff to attend therapies as required. Praxis Care ensures that service users are supported to attend registered professionals when accessing therapies.

If costs are incurred by residents for any therapeutic supports, these costs are detailed within the residents bills agreements.

### **Use of Restrictive Practices and Positive Behaviour Supports**

Praxis Care aims to provide extra supports as deemed necessary to any resident residing in our centre. Praxis Care staff are trained in approaching behaviours in a positive manner. A positive behaviour support plan will be put in place as deemed necessary with an emphasis on the proactive strategies. Should a resident become physically aggressive or pose a serious risk of injury towards them or others, Praxis Care staff are trained in techniques to manage violent and aggressive behaviour. Any restrictive practice will be recorded in conjoined approval by Multi-Disciplinary teams, the resident and Next of Kin. All restrictive practices are recorded in the resident's restrictive practice register and implementation of same is recorded in the restrictive practice log record.

Any restriction will be reviewed at least 6 monthly by the person in charge of the centre with the aim toward reducing and removing the restriction as positive behaviour supports are focused upon.

In order to maintain a safe environment for residents it may sometimes be necessary to take actions that may restrict or affect their rights to liberty and security of person, or their right to a private and family life. In all instances where such an infringement is required the centre will risk assess this, record the incident and report it to the proper authorities. Such restrictions will only be employed to protect residents from serious harm, and only following the unsuccessful use of less restrictive options. The least amount of restriction will be used for the least amount of time.

When this restrictive practice is used it is essential that this information is passed onto HIQA and the statutory key worker for all service users involved.

## Respecting residents' privacy and dignity

- All residents have their own bedrooms. Each bedroom is private and no other resident is allowed access to another service user's bedroom.
- Personal care is attended to, in each service users own bedroom/en-suite or in a bathroom.
- Access to the telephone/mail/visitors is permissible to all service users at all times.
- Personal records are maintained for each service user on their daily routines, personal information and reports from external professionals.
- Independence and autonomy is promoted and maintained for all service users at all times.
- Personal belongings are stored as service users wish within their homes in an informed consented manner.
- At the service user monthly meeting, service users are given the opportunity to speak openly about all matters and raise any concerns they may have. Staff will also use these meetings to update the service users on any previous actions or other relevant information. Details of daily activities, menu options etc. are presented to the service user through pictorial menu, activity and welcome boards.
- All information is in a format that is appropriate to the information and communication abilities of each person living in the residential service.

## **Social activities, hobbies and leisure interests**

Windermere will try to make it possible for service users to live their life as fully as possible. In particular, it will do the following:-

- As part of the moving-in/commencement of service process, potential service users will be encouraged to share as much information as possible about their social, cultural and leisure interests.
- Service users will be helped to continue to enjoy a range of individual and group activities and interests, both inside and outside the accommodation, to carry on with existing hobbies, pursuits and relationships, and to explore new avenues and experiences. In group living settings, all service users are entitled to use the dining room, the communal lounge, and the grounds of the scheme but those who wish, may remain in her own rooms. Service users are encouraged to personalise their rooms with small items of furniture and other possessions, and individual preferences in matters of decoration and furnishings are encouraged.
- In partnership with service users, social and leisure activities will be designed to form the basis of the communal content of the life of the scheme/service. Friendships among service users will be facilitated and it is hoped that service users will enjoy being part of a community, but there is no compulsion on a service user to join in any of the communal social activities.
- With the full and inclusive involvement of service users, local councillors, TD's, representatives of voluntary organisations, students, school children and others will be encouraged to visit schemes/services.
- Recognise that risk-taking is a vital and often enjoyable part of life and of social activity. Some service users will wish to take certain risks despite or even because of his/her disability. Windermere does not aim to provide a totally risk-free environment, though care will be taken to ensure that service users are not subjected to unnecessary hazards. When a service user wishes to take part in any activity which could involve risk, a thorough risk assessment will be carried out with that individual, involving relatives, friend or representative, if desired and The Avenue will agree and record all agreed outcomes which will appropriately balance the factors involved. Risk assessments will be regularly reviewed, with the participation of all parties.
- For the benefit of all service users and staff, the communal areas of the accommodation are designated as non-smoking. Service users may smoke in designated smoking areas only.
- There may be a charge associated with some social activities and services; where this applies, the details will be made clear to the service user in advance.



### **Accessing education, training and employment**

- All service users in Windermere will be supported to attend school/college/educational programmes as they wish so.
- All service users will be supported to attend day service as they so wish and once A service is provided by the HSE.
- All service users are encouraged to take part in activities which promote independence and develop social skills. These are developed in accordance with the service user abilities and interests.
- All Service users will be afforded the opportunity to avail of educational and training opportunities as they so wish.
- All Service users will be afforded the opportunity to avail of supports from Praxis Care staff to source suitable employment as they so wish.

### **Consultation with, and participation of, residents in the operation of the designated centre**

Praxis Care aims to give service users opportunities to participate in all aspects of life in the accommodation/service. In particular, service users are regularly consulted both individually and corporately about the way the accommodation/service is run. The organisations objective is always to make the process of managing and running the accommodation/service as transparent as possible, and to ensure that the accommodation/service has an open, positive and inclusive atmosphere. Regular service users meetings are held and input is sought on matters relating to the everyday running of the scheme. Regular satisfaction surveys are carried out by Praxis Care's Research Department in relation to user involvement issues. Service Users will have the care/support he/she receives reviewed at least annually. Praxis Care staff are always keen to hear from Service Users and representatives. Heads of Operations will endeavour to make contact with service users on a monthly basis as part of the organisations monitoring processes.

### **Access to religious services of residents' choice**

#### Arrangements for Religious Observances

Service users who wish to practise his/her religion/faith will be given every possible help and facility. In particular, Praxis Care will do the following:-

- If asked, Praxis Care will make contact with any local place of worship on a service user's behalf. The organisation can usually arrange for a minister or a member of the relevant organisation to visit a service user.
- Particular care will be taken to try to meet the needs of service users from minority faiths. These should be discussed with the manager before placement.

## Contact between residents and their relatives, friends, representatives and the local community

### Relatives, Friends and Representatives

- Service users are given every possible help to maintain and retain the links with families and friends.
- If a service user wishes, his/her friends and relatives are welcome to visit at a time convenient to the service user and to become involved in daily routines and activities.
- If a service user wishes to be represented in any dealings with the accommodation/service by a nominated friend, relative, professional person or advocate, Praxis Care will respect his/her wishes and offer all necessary facilities.

### Dealing with complaints

The person in charge Tina Hogan, who is the designated complaints officer. Within Windermere individuals with complaints may directly approach Tina with their complaint. Tina Hogan can be contacted in writing at Windermere, 56 Dublin Street, Balbriggan, or via email at [tinahogan@praxiscare.ie](mailto:tinahogan@praxiscare.ie) or 0858590627.

If Tina is not in the designated centre, complaints can be discussed with a staff member, who can contact Tina.

Praxis Care endeavours to locally resolve any issue raised, in the first instance but recognises that in some cases, complaints require further investigation. The complaints procedure therefore comprises of 3 internal stages and 2 external stages which can be additionally applied to permit the effective management of a complaint where required: -  
Stage 1: Management of a verbal complaint, at the Point of Contact (Service/Manager Level).

Stage 2(a): Informal Resolution (Manager/Head of Operations Level).

Stage 2(b): Formal Investigation (Head of Operations/Director Level).

Stage 3(a): HSE Review

**Or**

Stage 3(b): Praxis Care Internal Review (Board of Director Level).

Stage 4: Independent Review (The Ombudsman/The Ombudsman for children)

If the complainant is not happy with the response to the complaint from Windermere's complaints office, Praxis Care's named Complaints Officer Linda Lyons can be contacted on +44(0) 7585129417 or via email on [lindalyons@praxiscare.ie](mailto:lindalyons@praxiscare.ie) The complaints officer will inform the complainant when they have received the complaint and he/she will say what they will do. You have the right to receive a response within 4 weeks. Details of the actions, responsibilities and timescales at every stage are outlined in full within the Organisations' Complaints policy and procedure.

## Dealing with complaints continued

### Recommendations and redress

Praxis Care will aim to ensure that redress will be consistent and fair for both the complainant and **Additional Advice/Support**

Advice can be sought from the designated organisational Complaints Officer at any stage or any other Praxis Care staff member with delegated authority, which shall be determined by the nature and seriousness of the complaint. Advice can also be sought from the Ombudsman's Offices at any stage. Ultimately, the nature and seriousness of the complaint will determine the personnel, timescales and stages most relevant in the process.

Notification of all complaints, regardless of what stage the complaints were resolved will be sent to the organisation's Complaints Officer and the appropriate Health Service Executive social worker. The person in charge of the service will ensure that each service user is kept fully informed of the complaint process and understands this procedure.

The individual service against which the complaint was made. The forms of redress or responses will be appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the complainant personally.

During key working sessions, staff will read out the complaints procedure to the service users and the process involved in making the complaint.

Staff are also there to advise the service user's, if they are unhappy with a service. This may be in respect of when the staff or the service does something in the wrong way; staff or service doesn't do something that should have been done; staff or service does something that should not have been done. Staff then advise the service user that a staff member can help them with this or if they want they can make a written complaint to the person in charge. If the service user is still unhappy about how the complaint has been dealt with at this stage, or if the service user has a serious complaint that he or she feels unable to raise with the manager of the service, the service user should contact: **The Complaints Officer, Linda Lyons Praxis Care, 25-31 Lisburn Road, Belfast, BT9 7AA.**

## Fire precautions and emergency procedures

### Fire Precautions, Emergency Procedures and Safe Working Practices

All service users are made aware of the action to be taken in the event of a fire or other emergency, and copies of the accommodation's/services fire safety policy and procedures are available on request. Regular fire drills are conducted and information is displayed through the building to guide all persons in the event of a fire. All staff have training in First Aid in the event of an emergency. The accommodation/service conforms to all relevant government guidance on promoting and protecting the health, safety and welfare of service users and staff. Each service user has a personal Evacuation plan in preparation for a fire.

#### **Position/Measures in Place:**

Praxis Care will ensure the property has been maintained to a high 'fire safety' compliant standard with for example:

1. Fire detection & alarm system (ie system category L1) - tested and commissioned in accordance with the requirements of I.S.3218:2013, with zoned fire panel located within front entrance corridor.
2. Minimum 30 minute self closing 'fire resistant door sets' fitted throughout.
3. Emergency lighting installed throughout - tested and commissioned in accordance with the requirements of I.S.3217:2013.
4. Compliant fire fighting equipment installed within the property (includes a fire blanket within the kitchen area).

In addition the mains wiring installations are tested and Praxis Care will ensure that this are deemed as 'satisfactory' by a 'Safe Electric - Registered Electrical Contractor' and that periodic inspection/testing within properties such as this (ie classified as Category 1d Community Dwelling Houses) is recommended on a 5 yearly basis.

#### **Praxis Care Fire Emergency Evacuation Policy/Procedure:**

In the event of a fire alarm activation Praxis Care's basic fire emergency evacuation policy/procedure is to '**get out, stay out & call the Fire Service**'. However, all staff receive initial (and Annually refresher) fire safety training and their initial role on activation of a fire alarm would be to (**only** if considered safe to do so) identify the location/source of the fire alarm activation (e.g. by reading the fire panel etc.) and then to quickly make a decision as to either to fight the fire or effect a swift evacuation. In essence our staff are trained **only** to fight fires which are no bigger that small office bin size (i.e. with the correct grade of fire extinguisher or fire blanket) and **only** if they have received fire safety training and are fully confident that they can extinguish the fire - in **all** other scenarios the clear advice/guidance is to '**get out, stay out & call the Fire Service**'.

## Appendix 1:

### Conditions of Registration:

#### Condition 1

Subject to any prohibitions or restrictions contained in any other condition(s), the designated centre shall be operated at all times in accordance with the Statement of Purpose. The registered provider shall only provide for the specific care and support needs, and services, within the facilities as set out the Statement of Purpose, as agreed with the Chief Inspector at the time of registration. Any changes to the specific care and support needs and services provided must be agreed in advance with the Chief Inspector.

#### Condition 2

Only persons aged between 16 and 24 years shall be accommodated at the designated centre at any time.

#### Condition 3

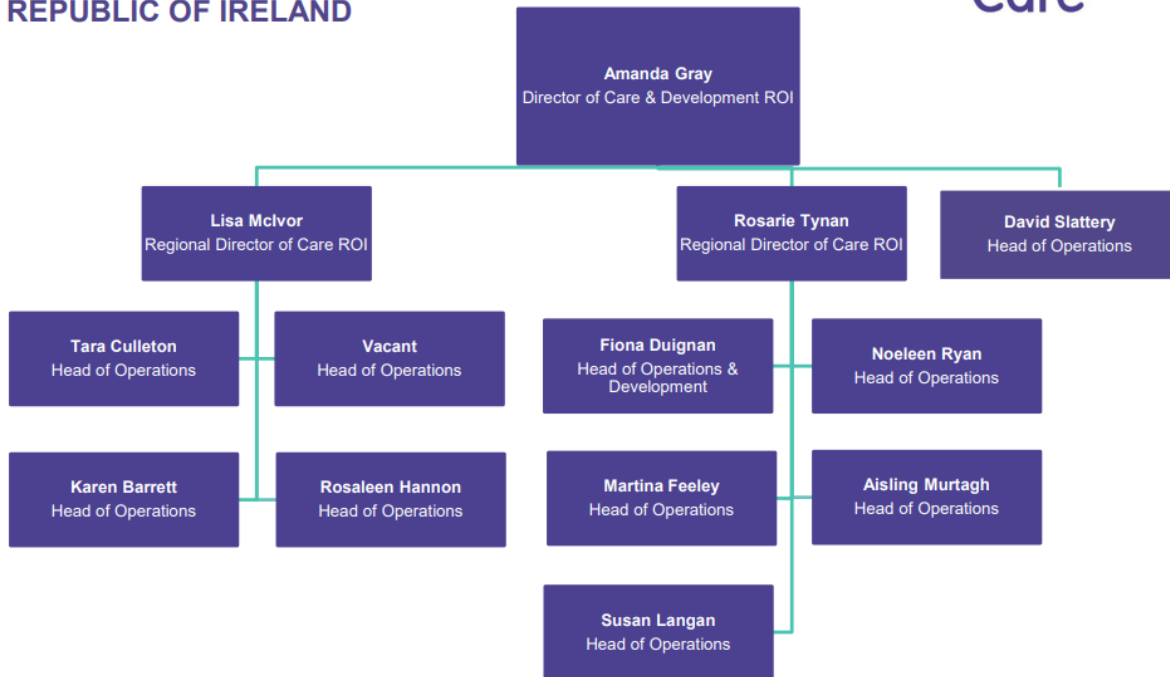
The maximum number of persons that may be accommodated at the designated centre is: 5.

#### Condition 4

Application to be submitted to return to a registered adult residential service when the adolescent reaches the age of 18 years old.

## Appendix 2: Structure

### PRAXIS CARE ORGANISATIONAL STRUCTURE CARE & DEVELOPMENT REPUBLIC OF IRELAND



### Appendix 3:

#### Layout of the Designated Centre:

##### *Main House*

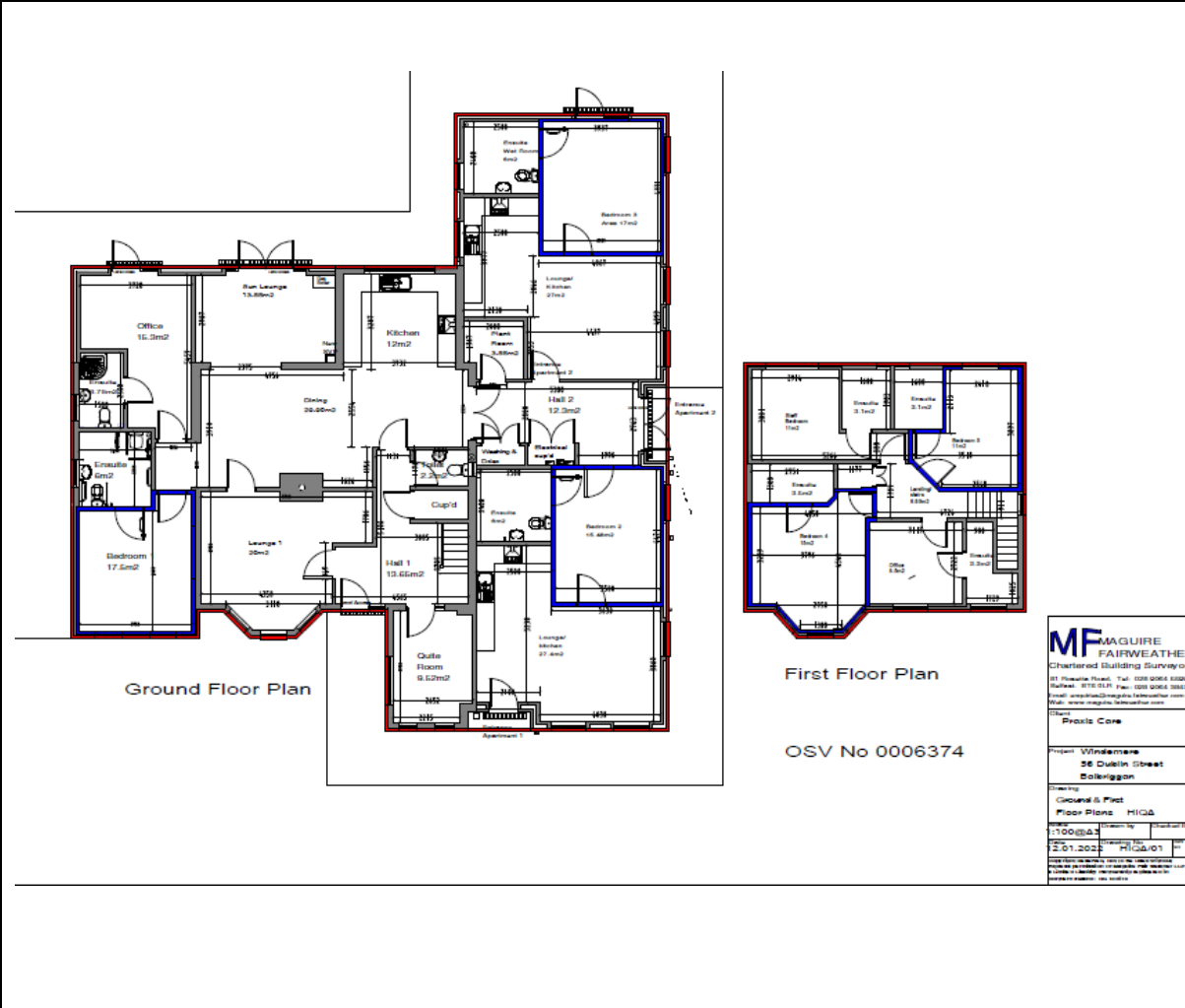
<b>Rooms</b>	<b>Metric</b>
Kitchen	12m <sup>2</sup>
Dining area	29.9m <sup>2</sup>
Sun lounge	13.55m <sup>2</sup>
Staff Office (No.2)	15.3m <sup>2</sup>
Ensuite staff office (No.2)	3.75m <sup>2</sup>
Bedroom 2	17.5 m <sup>2</sup>
Ensuite Bed 2	6m <sup>2</sup>
Hallway	13.65m <sup>2</sup>
Downstairs Bathroom	2.2m <sup>2</sup>
Quiet Room	9.52m <sup>2</sup>
Staff Office (No.1)	8.5m <sup>2</sup>
Ensuite staff office (No.1)	3.3m <sup>2</sup>
Bedroom 3	15m <sup>2</sup>
Ensuite bedroom 3	3.5m <sup>2</sup>
Bedroom 4	11m <sup>2</sup>
Ensuite Bedroom 4	3.1m <sup>2</sup>
Bedroom 5	11m <sup>2</sup>
Ensuite Bedroom 5	3.1m <sup>2</sup>
Landing upstairs	6.95m <sup>2</sup>
Linking corridor	12.3m <sup>2</sup>

##### *Apartment One*

<b>Rooms</b>	<b>Metric</b>
Lounge/ Kitchen area	27.4m <sup>2</sup>
Bedroom	16.48m <sup>2</sup>
Ensuite	6m <sup>2</sup>

##### *Apartment Two*

<b>Rooms</b>	<b>Metric</b>
Lounge/ Kitchen area	27m <sup>2</sup>
Bedroom	17m <sup>2</sup>
Ensuite	6m <sup>2</sup>





#### Appendix 4:

##### List of additional items and applicable charges:

Contracts of care are in place for residents which outlines associated charges.

#### Document Version History

<b>Version Number</b>	<b>Version update comment</b>	<b>Effective date</b>
02/02/2023	PIC changed to Lisa Mc Ivor	01/02/2023
25/05/2023	PIC changed to Tina Hogan and Lisa McIvor as PPIM	25/05/2023
11/07/2023	PPIM changed from Lisa Mc Ivor to Karen Barrett	01/07/2023
22/0-8/2024	A formal review meeting will be held annually in order to review the suitability of placement and care/support provided , added	22/0-8/2024